

**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

2008

through

03

31

2008

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

12

17

2008

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Legacy Committee Political Action Committee

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		19507.91
(b) Cash on Hand at Beginning of Reporting Period	19507.91	
(c) Total Receipts (from Line 19)	144949.62	144949.62
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	164457.53	164457.53
7. Total Disbursements (from Line 31)	143511.58	143511.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20945.95	20945.95
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)	0.00	

☒ 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. 06/2004)

Page 3

Write or Type Committee Name

The Legacy Committee Political Action Committee

Report Covering the Period:

From:

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

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	35056.00	35056.00
(i) Itemized (use Schedule A)	109893.62	109893.62
(ii) Unitemized	144949.62	144949.62
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	144949.62	144949.62
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	144949.62	144949.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	144949.62	144949.62

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	46982.28	46982.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	46982.28	46982.28
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)	90529.30	90529.30
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.....	6000.00	6000.00
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))..	143511.58	143511.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	143511.58	143511.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	144949.62	144949.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	144949.62	144949.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	46982.28	46982.28
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	46982.28	46982.28

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

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

FOR LINE NUMBER: PAGE 6 / 109

(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)

MR JOHN H GEIMAN

Mailing Address 541 W WALNUT ST

City

HANOVER

State

PA

Zip Code

17331

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: INC.A.1314

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

MR JOHN H GEIMAN

Mailing Address 541 W WALNUT ST

City

HANOVER

State

PA

Zip Code

17331

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: INC.A.1315

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR FRED W KERR

Mailing Address 5310 HIGHWAY 65

City

CHILLICOTHE

State

MO

Zip Code

64601

FEC ID number of contributing
federal political committee.

C

Name of Employer
K FARMS, INC

Occupation

SELF-EMPLOYED FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.1312

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 109

(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 HAZEL T LILLICROP

Mailing Address 311 W NOTTINGHAM PL APT G29

City

SAN ANTONIO

State

TX

Zip Code

78209

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.1472

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MRS OLETHA E YOUNG

Mailing Address 730 W JEFFERSON ST APT 242

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: INC.A.1405

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MISS MARION L CUBBERLEY

Mailing Address 4302 MONROE VLG

City

MONROE TOWNSHIP

State

NJ

Zip Code

8831

FEC ID number of contributing
federal political committee.

C

Name of Employer
EXXON

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.1514

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 8 / 109

(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)

MR RICHARD S GRIFFITH

Mailing Address PO BOX 91610

City

LAFAYETTE

State

LA

Zip Code

70509

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

INVESTOR/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: INC.A.1386

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR HENRY M KIDDER

Mailing Address 216 FOSTER DR

City

NORMAL

State

IL

Zip Code

61761

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.1456

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR GEORGE F BARTOSZEK

Mailing Address 6335 N CICERO AVE # A

City

CHICAGO

State

IL

Zip Code

60646

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

IND ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	0	8

Transaction ID: INC.A.1336

Amount of Each Receipt this Period

300.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 109

(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 JENIFER M SAMPSON

Mailing Address 5300 S MAIN ST APT 58

City

CEDAR FALLS

State

IA

Zip Code

50613

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 8

Transaction ID: INC.A.1486

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MS MARGARET P SCOTT

Mailing Address 1675 DENVER AVE

City

CLAREMONT

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 8

Transaction ID: INC.A.1537

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS MILDRED F SOUTHERN

Mailing Address 933 KENLEIGH CIR

City

WINSTON SALEM

State

NC

Zip Code

27106

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 8

Transaction ID: INC.A.1507

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 109

(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 SUNDERLAND

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 4 / 2 0 0 8

Transaction ID: INC.A.1440

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

MRS BETTY J ALSON

Mailing Address 819 PARADISE LN

City

BROOKINGS

State

OR

Zip Code

97415

FEC ID number of contributing
federal political committee.

C

Name of Employer
US ARMY/FORT RICHARDSON,
AL

Occupation
RETIRED BUDGET OFFICER/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 8

Transaction ID: INC.A.1433

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MRS JANET W HADDEN

Mailing Address 5406 MAGNOLIA ST

City

PEARLAND

State

TX

Zip Code

77584

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 8

Transaction ID: INC.A.1450

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

685.00

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 / 109

(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 DAVIETTE HILL STANSBURY

Mailing Address 18104 BEROL DR

City

PFLUGERVILLE

State

TX

Zip Code

78660

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

STOCK ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 8

Transaction ID: INC.A.1567

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR EDWIN L JONES, JR

Mailing Address 7035 MARCHING DUCK DR
VILLA E 406

City

CHARLOTTE

State

NC

Zip Code

28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 8

Transaction ID: INC.A.1356

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MRS RALPH S VIA

Mailing Address 4207 CRAVENS CREEK RD SW

City

ROANOKE

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 8

Transaction ID: INC.A.1331

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 109

(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)

DR JOHN J HARTFORD, MD

Mailing Address 3644 TERRA GRANADA DR
#2A

City State Zip Code
WALNUT CREEK CA 94595

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
RETIRED M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

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

Transaction ID: INC.A.1299

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR AUBREY J BOURGEOIS

Mailing Address 10100 HILLVIEW DR APT 608

City State Zip Code
PENSACOLA FL 32514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 8

Transaction ID: INC.A.1541

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MS ZOE DELL NUTTER

Mailing Address 986 TREBEIN RD

City State Zip Code
XENIA OH 45385

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: INC.A.1362

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 109

(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 WILLIAM P SMALLWOOD, JR

Mailing Address PO BOX 9066540

City

SAN JUAN

State

PR

Zip Code

906

FEC ID number of contributing
federal political committee.

C

Name of Employer

SMALLWOOD BROTHERS, INC.

Occupation

SELF-EMPLOYED INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.1520

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

MRS OLETHA E YOUNG

Mailing Address 730 W JEFFERSON ST APT 242

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: INC.A.1406

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR JOHN H GEIMAN

Mailing Address 541 W WALNUT ST

City

HANOVER

State

PA

Zip Code

17331

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: INC.A.1316

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 109

(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 SUNDERLAND

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

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

Transaction ID: INC.A.1441

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MRS ANNIE D WILSON

Mailing Address 254 NORMAN DR

City

CRANBERRY TWP

State

PA

Zip Code

16066

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 8

Transaction ID: INC.A.1360

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MR HENLEY P WOODS, SR

Mailing Address PO BOX 80939

City

SIMPSONVILLE

State

SC

Zip Code

29680

FEC ID number of contributing
federal political committee.

C

Name of Employer
PFIZER, INC.

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 8

Transaction ID: INC.A.1500

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 109

(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 THOMAS R LAMBERT

Mailing Address 5674 ASHLAND AVE

City

SAN DIEGO

State

CA

Zip Code

92120

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 8

Transaction ID: INC.A.1421

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

MISS ADELAIDE M LEFEBVRE

Mailing Address 2844 STONEBROOK DR

City

MEDFORD

State

OR

Zip Code

97504

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 8

Transaction ID: INC.A.1342

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

MS MARIE J PAPILLON

Mailing Address 16426 NE 31ST AVE

City

NORTH MIAMI BEACH

State

FL

Zip Code

33160

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 8

Transaction ID: INC.A.1434

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

385.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 109

(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 MARGARET P SCOTT

Mailing Address 1675 DENVER AVE

City

CLAREMONT

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 8

Transaction ID: INC.A.1538

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR HARRY W SHADE

Mailing Address 11701 W 21ST PL

City

LAKEWOOD

State

CO

Zip Code

80215

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 8

Transaction ID: INC.A.1526

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

MR HENRY L WELLS

Mailing Address 6018 MADRA AVE

City

SAN DIEGO

State

CA

Zip Code

92120

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAN DIEGO TRUCK CENTER

Occupation

RETIRED MECHANIC/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 8

Transaction ID: INC.A.1359

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

435.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 17 / 109

(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 FUMIE BOYCE

Mailing Address 4532 INTELCO LOOP SE APT 354

City

LACEY

State

WA

Zip Code

98503

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4550.00

Date of Receipt

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

Transaction ID: INC.A.1429

Amount of Each Receipt this Period

1000.00

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

Name of Employer
SELF-EMPLOYED

Occupation

INVESTOR/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: INC.A.1387

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR SIDNEY L GROFF

Mailing Address 3106 FLORAL BLVD

City

BUTTE

State

MT

Zip Code

59701

FEC ID number of contributing
federal political committee.

C

Name of Employer
USMC

Occupation

RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.1309

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 109

(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 MILDRED B LONG

Mailing Address 8467 GERMANTOWN RD

City

OLIVE BRANCH

State

MS

Zip Code

38654

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. STRICKLAND & CO.

Occupation

OFFICE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.1417

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MS CLARA S SHINN

Mailing Address 19 DRAKE LN

City

SCARBOROUGH

State

ME

Zip Code

4074

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.1462

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

COL THURMAN SPIVA

Mailing Address 8520 HANS ENGEL WAY

City

FAIR OAKS

State

CA

Zip Code

95628

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: INC.A.1363

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 109

(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 ALBERT J STEFAN

Mailing Address 10472 BROADVIEW PL

City

SANTA ANA

State

CA

Zip Code

92705

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.1436

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

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

Transaction ID: INC.A.1442

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MS JEAN MAVERY

Mailing Address 257 ARLINGTON RD APT 104

City

REDWOOD CITY

State

CA

Zip Code

94062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.1570

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 109

(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 FUMIE BOYCE

Mailing Address 4532 INTELCO LOOP SE APT 354

City

LACEY

State

WA

Zip Code

98503

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4550.00

Date of Receipt

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

Transaction ID: INC.A.1430

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MRS CLARICE T COLLINS

Mailing Address 2002 S GEORGIA AVE
PO BOX 1705

City

MASON CITY

State

IA

Zip Code

50401

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.1375

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR JOHN H GEIMAN

Mailing Address 541 W WALNUT ST

City

HANOVER

State

PA

Zip Code

17331

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: INC.A.1317

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

620.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 21 / 109

(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 MYRTLE HARVEY

Mailing Address 1105 MORRISON AVE APT 5K

City

BRONX

State

NY

Zip Code

10472

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: INC.A.1327

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MS WILHELMINE E LONG

Mailing Address 1817 W NORWOOD ST

City

CHICAGO

State

IL

Zip Code

60660

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.1452

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MRS JENIFER M SAMPSON

Mailing Address 5300 S MAIN ST APT 58

City

CEDAR FALLS

State

IA

Zip Code

50613

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.1487

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 109

(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 YOLANDE H STRAWINSKI

Mailing Address 1130 SYLVAN PL

City

MONTEREY

State

CA

Zip Code

93940

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW YORK LIFE INSURANCE
CO.

Occupation

SELF-EMPLOYED INSURANCE AGENT/HOMEMAKE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

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

Transaction ID: INC.A.1574

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR THOMAS R LAMBERT

Mailing Address 5674 ASHLAND AVE

City

SAN DIEGO

State

CA

Zip Code

92120

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 8

Transaction ID: INC.A.1422

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS MARGARET P SCOTT

Mailing Address 1675 DENVER AVE

City

CLAREMONT

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 8

Transaction ID: INC.A.1539

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

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(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 ALICE K HAYES

Mailing Address 4014 QUAIL RIDGE DR N APT A

City

BOYNTON BEACH

State

FL

Zip Code

33436

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 8

Transaction ID: INC.A.1470

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MRS DAVIETTE HILL STANSBURY

Mailing Address 18104 BEROL DR

City

PFLUGERVILLE

State

TX

Zip Code

78660

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
STOCK ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 8

Transaction ID: INC.A.1568

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MS KATHLYN C DUNAGAN

Mailing Address 1107 S DWIGHT ST

City

MONAHANS

State

TX

Zip Code

79756

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.1427

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 109

(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 DELMAR HESTER

Mailing Address 2100 MILLS CART RD

City

SALEM

State

IL

Zip Code

62881

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.1533

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR FRED W KERR

Mailing Address 5310 HIGHWAY 65

City

CHILLICOTHE

State

MO

Zip Code

64601

FEC ID number of contributing
federal political committee.

C

Name of Employer
K FARMS, INC

Occupation
SELF-EMPLOYED FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.1313

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MS CHARLOTTE MCCAIN

Mailing Address 7612 KINGS DR
COLONY COVE

City

ELLENTON

State

FL

Zip Code

34222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.1484

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 109

(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 MILDRED F SOUTHERN

Mailing Address 933 KENLEIGH CIR

City

WINSTON SALEM

State

NC

Zip Code

27106

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

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

Transaction ID: INC.A.1508

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

MS CORINNE SPENCE

Mailing Address 1165 INVESTMENT BLVD

City

EL DORADO HILLS

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.1559

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MRS RALPH S VIA

Mailing Address 4207 CRAVENS CREEK RD SW

City

ROANOKE

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.1332

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

570.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 109

(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 OLETHA E YOUNG

Mailing Address 730 W JEFFERSON ST APT 242

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: INC.A.1407

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MRS FUMIE BOYCE

Mailing Address 4532 INTELCO LOOP SE APT 354

City

LACEY

State

WA

Zip Code

98503

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.1431

Amount of Each Receipt this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

MR JOHN H GEIMAN

Mailing Address 541 W WALNUT ST

City

HANOVER

State

PA

Zip Code

17331

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.1318

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

3100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 27 / 109

(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)

DR JOHN J HARTFORD, MD

Mailing Address 3644 TERRA GRANADA DR
#2A

City State Zip Code
WALNUT CREEK CA 94595

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
RETIRED M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.1300

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR PERRY R SWANSON

Mailing Address 1700 GRANDVIEW AVE APT 403

City State Zip Code
PITTSBURGH PA 15211

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: INC.A.1580

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MS MARILYN J ALLEN

Mailing Address 260 CHAPARRAL LN

City State Zip Code
NIPOMO CA 93444

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.1466

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 109

(check only one)

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

The Legacy Committee Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MRS JANET W HADDEN

Mailing Address 5406 MAGNOLIA ST

City

PEARLAND

State

TX

Zip Code

77584

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.1451

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

MRS OLETHA E YOUNG

Mailing Address 730 W JEFFERSON ST APT 242

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: INC.A.1408

Amount of Each Receipt this Period

25.00

C.

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

Name of Employer
SELF-EMPLOYED

Occupation
INVESTOR/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: INC.A.1388

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MRS JENIFER M SAMPSON

Mailing Address 5300 S MAIN ST APT 58

City

CEDAR FALLS

State

IA

Zip Code

50613

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.1488

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR ELBERT C SMITH

Mailing Address PO BOX 856

City

RENTON

State

WA

Zip Code

98057

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: INC.A.1505

Amount of Each Receipt this Period

180.00

C.

Full Name (Last, First, Middle Initial)

MR ALBERT J STEFAN

Mailing Address 10472 BROADVIEW PL

City

SANTA ANA

State

CA

Zip Code

92705

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.1437

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

330.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 109

(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 WILSON E VANDERBURG

Mailing Address 4700 SW HOLLYHOCK CIR

City State Zip Code
 CORVALLIS OR 97333

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.1402

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MS MADELEINE ZWEIBEL

Mailing Address 122 PALMERS HILL RD UNIT 3323

City State Zip Code
 STAMFORD CT 6902

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: INC.A.1463

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)

COL THURMAN SPIVA

Mailing Address 8520 HANS ENGEL WAY

City State Zip Code
 FAIR OAKS CA 95628

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: INC.A.1364

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

655.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MR OMER E BOWLUS

Mailing Address 3250 WALTON BLVD APT 203

City

ROCHESTER

State

MI

Zip Code

48309

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHRYSLER CORP.

Occupation

RETIRED ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 8

Transaction ID: INC.A.1476

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR PAUL DE CLEVA

Mailing Address 350 N SAINT PAUL ST STE 1625

City

DALLAS

State

TX

Zip Code

75201

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 8

Transaction ID: INC.A.1372

Amount of Each Receipt this Period

100.00

C.

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

Name of Employer
SELF-EMPLOYED

Occupation

INVESTOR/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 8

Transaction ID: INC.A.1389

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 32 / 109

(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 SIDNEY L GROFF

Mailing Address 3106 FLORAL BLVD

City

BUTTE

State

MT

Zip Code

59701

FEC ID number of contributing
federal political committee.

C

Name of Employer
USMC

Occupation

RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 8

Transaction ID: INC.A.1310

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MR PAUL K HENNEY

Mailing Address 2631 LEISURE WORLD

City

MESA

State

AZ

Zip Code

85206

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 8

Transaction ID: INC.A.1368

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MRS FAYE A HUNT

Mailing Address 7065 W 130TH ST APT 121E

City

CLEVELAND

State

OH

Zip Code

44130

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 8

Transaction ID: INC.A.1545

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 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)

MISS ADELAIDE M LEFEBVRE

Mailing Address 2844 STONEBROOK DR

City

MEDFORD

State

OR

Zip Code

97504

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 8

Transaction ID: INC.A.1343

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MRS HAZEL T LILLICROP

Mailing Address 311 W NOTTINGHAM PL APT G29

City

SAN ANTONIO

State

TX

Zip Code

78209

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 8

Transaction ID: INC.A.1473

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT S MAC ALISTER

Mailing Address 78 LOPACO CT

City

CAMARILLO

State

CA

Zip Code

93010

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 8

Transaction ID: INC.A.1345

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

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(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 HARRY W SHADE

Mailing Address 11701 W 21ST PL

City

LAKEWOOD

State

CO

Zip Code

80215

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 8

Transaction ID: INC.A.1527

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 8

Transaction ID: INC.A.1443

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MS DONNA P WOOLLEY

Mailing Address PO BOX 43

City

DRAIN

State

OR

Zip Code

97435

FEC ID number of contributing
federal political committee.

C

Name of Employer
EAGLE'S VIEW MANAGEMENT
CO.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 8

Transaction ID: INC.A.1326

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

385.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MRS RAMONA RIGGS

Mailing Address PO BOX 711

City

FARMINGTON

State

NM

Zip Code

87499

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: INC.A.1583

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR CARL J JESPERSEN

Mailing Address 73 PATHFINDER LN

City

PORT LUDLOW

State

WA

Zip Code

98365

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 7 / 2 0 0 8

Transaction ID: INC.A.1380

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MS EVELYNE K JOHNSON

Mailing Address 20 PEBBLEWOOD TRL

City

NAPERVILLE

State

IL

Zip Code

60563

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 7 / 2 0 0 8

Transaction ID: INC.A.1494

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 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 THOMAS R LAMBERT

Mailing Address 5674 ASHLAND AVE

City

SAN DIEGO

State

CA

Zip Code

92120

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 7 / 2 0 0 8

Transaction ID: INC.A.1423

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR ELBERT C SMITH

Mailing Address PO BOX 856

City

RENTON

State

WA

Zip Code

98057

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 7 / 2 0 0 8

Transaction ID: INC.A.1506

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MRS ANNIE D WILSON

Mailing Address 254 NORMAN DR

City

CRANBERRY TWP

State

PA

Zip Code

16066

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 7 / 2 0 0 8

Transaction ID: INC.A.1361

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

The Legacy Committee Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MRS OLETHA E YOUNG

Mailing Address 730 W JEFFERSON ST APT 242

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 7 / 2 0 0 8

Transaction ID: INC.A.1409

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

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

Transaction ID: INC.A.1444

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MRS LULA JANE CREDLE

Mailing Address 322 NC HIGHWAY 34 N

City

CAMDEN

State

NC

Zip Code

27921

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.1354

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

The Legacy Committee Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MRS THERESA FIORENTINO

Mailing Address 1515 HILL DR

City

LOS ANGELES

State

CA

Zip Code

90041

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: INC.A.1398

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

MR HARRY E KNOX, JR

Mailing Address 101 N WOODGREEN WAY

City

GREENVILLE

State

SC

Zip Code

29615

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.1339

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

MRS HELEN M MEYERS

Mailing Address PO BOX 1167

City

MURPHYS

State

CA

Zip Code

95247

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

SECRETARY/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

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

Transaction ID: INC.A.1324

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

A.

Full Name (Last, First, Middle Initial)

COL THURMAN SPIVA

Mailing Address 8520 HANS ENGEL WAY

City

FAIR OAKS

State

CA

Zip Code

95628

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: INC.A.1365

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MS YOLANDE H STRAWINSKI

Mailing Address 1130 SYLVAN PL

City

MONTEREY

State

CA

Zip Code

93940

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW YORK LIFE INSURANCE
CO.

Occupation

SELF-EMPLOYED INSURANCE AGENT/HOMEMAKE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

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

Transaction ID: INC.A.1576

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MS YOLANDE H STRAWINSKI

Mailing Address 1130 SYLVAN PL

City

MONTEREY

State

CA

Zip Code

93940

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW YORK LIFE INSURANCE
CO.

Occupation

SELF-EMPLOYED INSURANCE AGENT/HOMEMAKE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

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

Transaction ID: INC.A.1575

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 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 HENLEY P WOODS, SR

Mailing Address PO BOX 80939

City

SIMPSONVILLE

State

SC

Zip Code

29680

FEC ID number of contributing
federal political committee.

C

Name of Employer
PFIZER, INC.

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

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

Transaction ID: INC.A.1502

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

MR HENRY M KIDDER

Mailing Address 216 FOSTER DR

City

NORMAL

State

IL

Zip Code

61761

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.1457

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MR GEORGE M NEALL, II

Mailing Address 5452 TATES BANK RD

City

CAMBRIDGE

State

MD

Zip Code

21613

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 4 / 2 0 0 8

Transaction ID: INC.A.1459

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(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 FUMIE BOYCE

Mailing Address 4532 INTELCO LOOP SE APT 354

City

LACEY

State

WA

Zip Code

98503

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 0 8

Transaction ID: INC.A.1432

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS ELLEN C RUTSON

Mailing Address 1401 HERMITS WAY

City

THE DALLES

State

OR

Zip Code

97058

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: INC.A.1341

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MR HARRY W SHADE

Mailing Address 11701 W 21ST PL

City

LAKEWOOD

State

CO

Zip Code

80215

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: INC.A.1528

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

585.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 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 PAUL DE CLEVA

Mailing Address 350 N SAINT PAUL ST STE 1625

City

DALLAS

State

TX

Zip Code

75201

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 8

Transaction ID: INC.A.1373

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MS EVELYNE K JOHNSON

Mailing Address 20 PEBBLEWOOD TRL

City

NAPERVILLE

State

IL

Zip Code

60563

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 8

Transaction ID: INC.A.1495

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS LESLEY LINSTEADER

Mailing Address 23871 WILLOWS DR APT 135

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED/HOMEMAKER

Occupation

RETIRED BUSINESS FINANCIAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 8

Transaction ID: INC.A.1480

Amount of Each Receipt this Period

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 109

(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 MADELEINE ZWEIBEL

Mailing Address 122 PALMERS HILL RD UNIT 3323

City

STAMFORD

State

CT

Zip Code

6902

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 8

Transaction ID: INC.A.1464

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MRS CLARICE T COLLINS

Mailing Address 2002 S GEORGIA AVE
PO BOX 1705

City

MASON CITY

State

IA

Zip Code

50401

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: INC.A.1376

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MRS THERESA FIORENTINO

Mailing Address 1515 HILL DR

City

LOS ANGELES

State

CA

Zip Code

90041

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: INC.A.1399

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 109

(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 JOHN H GEIMAN

Mailing Address 541 W WALNUT ST

City

HANOVER

State

PA

Zip Code

17331

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: INC.A.1319

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS WILHELMINE E LONG

Mailing Address 1817 W NORWOOD ST

City

CHICAGO

State

IL

Zip Code

60660

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: INC.A.1453

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: INC.A.1445

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

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(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 RALPH S VIA

Mailing Address 4207 CRAVENS CREEK RD SW

City

ROANOKE

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: INC.A.1333

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR CARL J JESPERSEN

Mailing Address 73 PATHFINDER LN

City

PORT LUDLOW

State

WA

Zip Code

98365

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

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

Transaction ID: INC.A.1381

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MRS OLETHA E YOUNG

Mailing Address 730 W JEFFERSON ST APT 242

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: INC.A.1410

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 46 / 109

(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 AUBREY J BOURGEOIS

Mailing Address 10100 HILLVIEW DR APT 608

City

PENSACOLA

State

FL

Zip Code

32514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: INC.A.1542

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

DR JOHN J HARTFORD, MD

Mailing Address 3644 TERRA GRANADA DR
#2A

City

WALNUT CREEK

State

CA

Zip Code

94595

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

RETIRED M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: INC.A.1301

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

MS MILDRED F SOUTHERN

Mailing Address 933 KENLEIGH CIR

City

WINSTON SALEM

State

NC

Zip Code

27106

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: INC.A.1509

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(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

LAFAYETTE

State

LA

Zip Code

70509

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

INVESTOR/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: INC.A.1390

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MISS MARIAN L PATTERSON

Mailing Address 5001 W FLORIDA AVE SPC 264

City

HEMET

State

CA

Zip Code

92545

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: INC.A.1348

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MS KATHLYN C DUNAGAN

Mailing Address 1107 S DWIGHT ST

City

MONAHANS

State

TX

Zip Code

79756

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 0 8

Transaction ID: INC.A.1428

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)

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

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

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(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 CARL J JESPERSEN

Mailing Address 73 PATHFINDER LN

City

PORT LUDLOW

State

WA

Zip Code

98365

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 7 / 2 0 0 8

Transaction ID: INC.A.1382

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

MRS VIRGINIA H BARNES

Mailing Address 101 COUNTRY COVE DR

City

CLINTON

State

MS

Zip Code

39056

FEC ID number of contributing
federal political committee.

C

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

Occupation
RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: INC.A.1521

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MR JOHN H GEIMAN

Mailing Address 541 W WALNUT ST

City

HANOVER

State

PA

Zip Code

17331

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: INC.A.1320

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 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 SIDNEY L GROFF

Mailing Address 3106 FLORAL BLVD

City

BUTTE

State

MT

Zip Code

59701

FEC ID number of contributing
federal political committee.

C

Name of Employer
USMC

Occupation

RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.1311

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

MRS ANNE M HARPER

Mailing Address 85 SCOTTSDALE DR

City

TROY

State

MI

Zip Code

48084

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

MUSIC TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.1393

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

DR JOHN J HARTFORD, MD

Mailing Address 3644 TERRA GRANADA DR
#2A

City

WALNUT CREEK

State

CA

Zip Code

94595

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

RETIRED M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

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

Transaction ID: INC.A.1302

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(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 DELMAR HESTER

Mailing Address 2100 MILLS CART RD

City

SALEM

State

IL

Zip Code

62881

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.1534

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MS WILHELMINE E LONG

Mailing Address 1817 W NORWOOD ST

City

CHICAGO

State

IL

Zip Code

60660

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.1454

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR RICHARD E MEEKER

Mailing Address 605 NE 70TH ST

City

GLADSTONE

State

MO

Zip Code

64118

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.1404

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 51 / 109

(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)

MISS MARIAN L PATTERSON

Mailing Address 5001 W FLORIDA AVE SPC 264

City

HEMET

State

CA

Zip Code

92545

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.1349

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

MS MARILYN J ALLEN

Mailing Address 260 CHAPARRAL LN

City

NIPOMO

State

CA

Zip Code

93444

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.1467

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR AUBREY J BOURGEOIS

Mailing Address 10100 HILLVIEW DR APT 608

City

PENSACOLA

State

FL

Zip Code

32514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.1543

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(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 OMER E BOWLUS

Mailing Address 3250 WALTON BLVD APT 203

City

ROCHESTER

State

MI

Zip Code

48309

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHRYSLER CORP.

Occupation

RETIRED ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.1477

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MRS HAZEL T LILLICROP

Mailing Address 311 W NOTTINGHAM PL APT G29

City

SAN ANTONIO

State

TX

Zip Code

78209

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.1474

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS LESLEY LINSTEADER

Mailing Address 23871 WILLOWS DR APT 135

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED/HOMEMAKER

Occupation

RETIRED BUSINESS FINANCIAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID: INC.A.1481

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 109

(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 MILDRED B LONG

Mailing Address 8467 GERMANTOWN RD

City

OLIVE BRANCH

State

MS

Zip Code

38654

FEC ID number of contributing
federal political committee.

C

Name of Employer
J. STRICKLAND & CO.

Occupation

OFFICE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.1418

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

MRS JENIFER M SAMPSON

Mailing Address 5300 S MAIN ST APT 58

City

CEDAR FALLS

State

IA

Zip Code

50613

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.1489

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MRS VIRGINIA H BARNES

Mailing Address 101 COUNTRY COVE DR

City

CLINTON

State

MS

Zip Code

39056

FEC ID number of contributing
federal political committee.

C

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

Occupation

RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: INC.A.1522

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 109

(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 HARRY W SHADE

Mailing Address 11701 W 21ST PL

City

LAKEWOOD

State

CO

Zip Code

80215

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: INC.A.1529

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MRS OLETHA E YOUNG

Mailing Address 730 W JEFFERSON ST APT 242

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: INC.A.1411

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR HARRY E KNOX, JR

Mailing Address 101 N WOODGREEN WAY

City

GREENVILLE

State

SC

Zip Code

29615

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.1340

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 109

(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 YOLANDE H STRAWINSKI

Mailing Address 1130 SYLVAN PL

City

MONTEREY

State

CA

Zip Code

93940

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW YORK LIFE INSURANCE
CO.

Occupation

SELF-EMPLOYED INSURANCE AGENT/HOMEMAKE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

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

Transaction ID: INC.A.1577

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

MRS OLETHA E YOUNG

Mailing Address 730 W JEFFERSON ST APT 242

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: INC.A.1412

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MRS DAVIETTE HILL STANSBURY

Mailing Address 18104 BEROL DR

City

PFLUGERVILLE

State

TX

Zip Code

78660

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

STOCK ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: INC.A.1569

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 109

(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 HENRY M KIDDER

Mailing Address 216 FOSTER DR

City

NORMAL

State

IL

Zip Code

61761

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: INC.A.1458

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MS CHARLOTTE MCCAIN

Mailing Address 7612 KINGS DR
COLONY COVE

City

ELLENTON

State

FL

Zip Code

34222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: INC.A.1485

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

MR CARL J JESPERSEN

Mailing Address 73 PATHFINDER LN

City

PORT LUDLOW

State

WA

Zip Code

98365

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: INC.A.1383

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 109

(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 EVELYNE K JOHNSON

Mailing Address 20 PEBBLEWOOD TRL

City

NAPERVILLE

State

IL

Zip Code

60563

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: INC.A.1496

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR THOMAS R LAMBERT

Mailing Address 5674 ASHLAND AVE

City

SAN DIEGO

State

CA

Zip Code

92120

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

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

Transaction ID: INC.A.1424

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MISS ADELAIDE M LEFEBVRE

Mailing Address 2844 STONEBROOK DR

City

MEDFORD

State

OR

Zip Code

97504

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: INC.A.1344

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(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 S MAC ALISTER

Mailing Address 78 LOPACO CT

City

CAMARILLO

State

CA

Zip Code

93010

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

EXECUTIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.1346

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MRS JENIFER M SAMPSON

Mailing Address 5300 S MAIN ST APT 58

City

CEDAR FALLS

State

IA

Zip Code

50613

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.1490

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR HARRY W SHADE

Mailing Address 11701 W 21ST PL

City

LAKEWOOD

State

CO

Zip Code

80215

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: INC.A.1531

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(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 HARRY W SHADE

Mailing Address 11701 W 21ST PL

City

LAKEWOOD

State

CO

Zip Code

80215

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: INC.A.1530

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: INC.A.1446

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

MS MARILYN J ALLEN

Mailing Address 260 CHAPARRAL LN

City

NIPOMO

State

CA

Zip Code

93444

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.1468

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 109

(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 LULA JANE CREDLE

Mailing Address 322 NC HIGHWAY 34 N

City

CAMDEN

State

NC

Zip Code

27921

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.1355

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

MS WILHELMINE E LONG

Mailing Address 1817 W NORWOOD ST

City

CHICAGO

State

IL

Zip Code

60660

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.1455

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR HARRY W SHADE

Mailing Address 11701 W 21ST PL

City

LAKEWOOD

State

CO

Zip Code

80215

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: INC.A.1532

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 109

(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 ADELBERT I SLOCUM

Mailing Address 14314 SE WEBSTER RD APT D2

City

MILWAUKIE

State

OR

Zip Code

97267

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: INC.A.1330

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

MR ALBERT J STEFAN

Mailing Address 10472 BROADVIEW PL

City

SANTA ANA

State

CA

Zip Code

92705

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.1438

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR WILSON E VANDERBURG

Mailing Address 4700 SW HOLLYHOCK CIR

City

CORVALLIS

State

OR

Zip Code

97333

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.1403

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 109

(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 HENLEY P WOODS, SR

Mailing Address PO BOX 80939

City

SIMPSONVILLE

State

SC

Zip Code

29680

FEC ID number of contributing
federal political committee.

C

Name of Employer
PFIZER, INC.

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

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

Transaction ID: INC.A.1503

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

MR JOHN H GEIMAN

Mailing Address 541 W WALNUT ST

City

HANOVER

State

PA

Zip Code

17331

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: INC.A.1321

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

MR DELMAR HESTER

Mailing Address 2100 MILLS CART RD

City

SALEM

State

IL

Zip Code

62881

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: INC.A.1535

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 109

(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 OLETHA E YOUNG

Mailing Address 730 W JEFFERSON ST APT 242

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: INC.A.1413

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

MR AUBREY J BOURGEOIS

Mailing Address 10100 HILLVIEW DR APT 608

City

PENSACOLA

State

FL

Zip Code

32514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.1544

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR CARL J JESPERSEN

Mailing Address 73 PATHFINDER LN

City

PORT LUDLOW

State

WA

Zip Code

98365

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

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

Transaction ID: INC.A.1384

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 64 / 109

(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)

MR EDWIN L JONES, JR

Mailing Address 7035 MARCHING DUCK DR
VILLA E 406City State Zip Code
CHARLOTTE NC 28210FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: INC.A.1357

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MS MILDRED F SOUTHERN

Mailing Address 933 KENLEIGH CIR

City State Zip Code
WINSTON SALEM NC 27106FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

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

Transaction ID: INC.A.1510

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MS YOLANDE H STRAWINSKI

Mailing Address 1130 SYLVAN PL

City State Zip Code
MONTEREY CA 93940FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW YORK LIFE INSURANCE
CO.Occupation
SELF-EMPLOYED INSURANCE AGENT/HOMEMAKE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

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

Transaction ID: INC.A.1578

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 65 / 109

(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)

MR OMER E BOWLUS

Mailing Address 3250 WALTON BLVD APT 203

City

ROCHESTER

State

MI

Zip Code

48309

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHRYSLER CORP.

Occupation

RETIRED ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	0	8

Transaction ID: INC.A.1478

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

MRS CLARICE T COLLINS

Mailing Address 2002 S GEORGIA AVE
PO BOX 1705

City

MASON CITY

State

IA

Zip Code

50401

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	0	8

Transaction ID: INC.A.1377

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR JOHN H GEIMAN

Mailing Address 541 W WALNUT ST

City

HANOVER

State

PA

Zip Code

17331

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	0	8

Transaction ID: INC.A.1322

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 109

(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

LAFAYETTE

State

LA

Zip Code

70509

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

INVESTOR/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.1392

Amount of Each Receipt this Period

100.00

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

Name of Employer
SELF-EMPLOYED

Occupation

INVESTOR/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.1391

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR DELMAR HESTER

Mailing Address 2100 MILLS CART RD

City

SALEM

State

IL

Zip Code

62881

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.1536

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 109

(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 FAYE A HUNT

Mailing Address 7065 W 130TH ST APT 121E

City State Zip Code
 CLEVELAND OH 44130

FEC ID number of contributing
federal political committee.

C

Name of Employer
 RETIRED

Occupation
 HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.1546

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

MS EVELYNE K JOHNSON

Mailing Address 20 PEBBLEWOOD TRL

City State Zip Code
 NAPERVILLE IL 60563

FEC ID number of contributing
federal political committee.

C

Name of Employer
 RETIRED

Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.1497

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MRS LESLEY LINSTEADER

Mailing Address 23871 WILLOWS DR APT 135

City State Zip Code
 LAGUNA HILLS CA 92653

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SELF-EMPLOYED/HOMEMAKER

Occupation
 RETIRED BUSINESS FINANCIAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.1482

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 109

(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 GLORIA A NYHEIM

Mailing Address 116 MAIN ST # 223
PO BOX 543

City State Zip Code
GRANTSVILLE MD 21536

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
MISSIONARY/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.1397

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MRS GLORIA A NYHEIM

Mailing Address 116 MAIN ST # 223
PO BOX 543

City State Zip Code
GRANTSVILLE MD 21536

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
MISSIONARY/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.1396

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MS MARIE J PAPILLON

Mailing Address 16426 NE 31ST AVE

City State Zip Code
NORTH MIAMI BEACH FL 33160

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.1435

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 109

(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)

MISS MARIAN L PATTERSON

Mailing Address 5001 W FLORIDA AVE SPC 264

City

HEMET

State

CA

Zip Code

92545

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.1350

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MS MILDRED F SOUTHERN

Mailing Address 933 KENLEIGH CIR

City

WINSTON SALEM

State

NC

Zip Code

27106

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.1511

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MS MADELEINE ZWEIBEL

Mailing Address 122 PALMERS HILL RD UNIT 3323

City

STAMFORD

State

CT

Zip Code

6902

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.1465

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 109

(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 JEAN M AVERY

Mailing Address 257 ARLINGTON RD APT 104

City

REDWOOD CITY

State

CA

Zip Code

94062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: INC.A.1571

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

MRS VIRGINIA H BARNES

Mailing Address 101 COUNTRY COVE DR

City

CLINTON

State

MS

Zip Code

39056

FEC ID number of contributing
federal political committee.

C

Name of Employer

U.S. TREASURY/ATF JACKSON
DISTRICT

Occupation

RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: INC.A.1523

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS MYRTLE HARVEY

Mailing Address 1105 MORRISON AVE APT 5K

City

BRONX

State

NY

Zip Code

10472

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: INC.A.1328

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 109

(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 FAYE A HUNT

Mailing Address 7065 W 130TH ST APT 121E

City

CLEVELAND

State

OH

Zip Code

44130

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: INC.A.1547

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MS EVELYNE K JOHNSON

Mailing Address 20 PEBBLEWOOD TRL

City

NAPERVILLE

State

IL

Zip Code

60563

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: INC.A.1498

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT S MAC ALISTER

Mailing Address 78 LOPACO CT

City

CAMARILLO

State

CA

Zip Code

93010

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

EXECUTIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: INC.A.1347

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 109

(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 MARGARET P SCOTT

Mailing Address 1675 DENVER AVE

City

CLAREMONT

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: INC.A.1540

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR PERRY R SWANSON

Mailing Address 1700 GRANDVIEW AVE APT 403

City

PITTSBURGH

State

PA

Zip Code

15211

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: INC.A.1581

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR THOMAS R LAMBERT

Mailing Address 5674 ASHLAND AVE

City

SAN DIEGO

State

CA

Zip Code

92120

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 8

Transaction ID: INC.A.1425

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 109

(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 THOMAS R LAMBERT

Mailing Address 5674 ASHLAND AVE

City

SAN DIEGO

State

CA

Zip Code

92120

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 8

Transaction ID: INC.A.1426

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR GEORGE M NEALL, II

Mailing Address 5452 TATES BANK RD

City

CAMBRIDGE

State

MD

Zip Code

21613

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 8

Transaction ID: INC.A.1460

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MISS MARIAN L PATTERSON

Mailing Address 5001 W FLORIDA AVE SPC 264

City

HEMET

State

CA

Zip Code

92545

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 8

Transaction ID: INC.A.1351

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 109

(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 MILDRED F SOUTHERN

Mailing Address 933 KENLEIGH CIR

City

WINSTON SALEM

State

NC

Zip Code

27106

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 8

Transaction ID: INC.A.1512

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

MR ALBERT J STEFAN

Mailing Address 10472 BROADVIEW PL

City

SANTA ANA

State

CA

Zip Code

92705

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 8

Transaction ID: INC.A.1439

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS ANNE M HARPER

Mailing Address 85 SCOTTSDALE DR

City

TROY

State

MI

Zip Code

48084

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

MUSIC TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: INC.A.1394

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 109

(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)

DR JOHN J HARTFORD, MD

Mailing Address 3644 TERRA GRANADA DR
#2A

City State Zip Code
WALNUT CREEK CA 94595

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
RETIRED M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: INC.A.1303

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

MRS HAZEL T LILLICROP

Mailing Address 311 W NOTTINGHAM PL APT G29

City State Zip Code
SAN ANTONIO TX 78209

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: INC.A.1475

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City State Zip Code
HENDERSON NV 89011

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: INC.A.1447

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 109

(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 PAUL DE CLEVA

Mailing Address 350 N SAINT PAUL ST STE 1625

City

DALLAS

State

TX

Zip Code

75201

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.1374

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MRS THERESA FIORENTINO

Mailing Address 1515 HILL DR

City

LOS ANGELES

State

CA

Zip Code

90041

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: INC.A.1400

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS EVELYNE K JOHNSON

Mailing Address 20 PEBBLEWOOD TRL

City

NAPERVILLE

State

IL

Zip Code

60563

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: INC.A.1499

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 109

(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 JENIFER M SAMPSON

Mailing Address 5300 S MAIN ST APT 58

City

CEDAR FALLS

State

IA

Zip Code

50613

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.1491

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MS MARILYN J ALLEN

Mailing Address 260 CHAPARRAL LN

City

NIPOMO

State

CA

Zip Code

93444

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.1469

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS THERESA FIORENTINO

Mailing Address 1515 HILL DR

City

LOS ANGELES

State

CA

Zip Code

90041

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: INC.A.1401

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

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

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(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 ANNE M HARPER

Mailing Address 85 SCOTTSDALE DR

City

TROY

State

MI

Zip Code

48084

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

MUSIC TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.1395

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MS ALICE K HAYES

Mailing Address 4014 QUAIL RIDGE DR N APT A

City

BOYNTON BEACH

State

FL

Zip Code

33436

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: INC.A.1471

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR PAUL K HENNEY

Mailing Address 2631 LEISURE WORLD

City

MESA

State

AZ

Zip Code

85206

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.1369

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 109

(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 CARL J JESPERSEN

Mailing Address 73 PATHFINDER LN

City

PORT LUDLOW

State

WA

Zip Code

98365

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

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

Transaction ID: INC.A.1385

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

MRS HELEN M MEYERS

Mailing Address PO BOX 1167

City

MURPHYS

State

CA

Zip Code

95247

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
SECRETARY/HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

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

Transaction ID: INC.A.1325

Amount of Each Receipt this Period

1.00

C.

Full Name (Last, First, Middle Initial)

MS MILDRED F SOUTHERN

Mailing Address 933 KENLEIGH CIR

City

WINSTON SALEM

State

NC

Zip Code

27106

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

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

Transaction ID: INC.A.1513

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

51.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 109

(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 HARRY L STOUT

Mailing Address 1142 CHERRY LN

City

WEST LAFAYETTE

State

IN

Zip Code

47906

FEC ID number of contributing
federal political committee.

C

Name of Employer
PURDUE UNIVERSITY

Occupation

RETIRED TEACHER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.1370

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MS YOLANDE H STRAWINSKI

Mailing Address 1130 SYLVAN PL

City

MONTEREY

State

CA

Zip Code

93940

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW YORK LIFE INSURANCE
CO.

Occupation

SELF-EMPLOYED INSURANCE AGENT/HOMEMAKE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

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

Transaction ID: INC.A.1579

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS OLETHA E YOUNG

Mailing Address 730 W JEFFERSON ST APT 242

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: INC.A.1415

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 109

(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 OLETHA E YOUNG

Mailing Address 730 W JEFFERSON ST APT 242

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: INC.A.1414

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

25.00

TOTAL This Period (last page this line number only)

35056.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 82 / 109

<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

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)

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.1264

Date of Disbursement

01 / 14 / 2008

Amount of Each Disbursement this Period

847.92

B.

Full Name (Last, First, Middle Initial)

Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Account services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: EXP.B.1263

Date of Disbursement

01 / 14 / 2008

Amount of Each Disbursement this Period

1915.77

C.

Full Name (Last, First, Middle Initial)

Direct Response Data

Mailing Address 2070 Chain Bridge Road, Suite 520

City Vienna State VA Zip Code 22182

Purpose of Disbursement
Data Entry

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: EXP.B.1266

Date of Disbursement

01 / 16 / 2008

Amount of Each Disbursement this Period

7000.00

SUBTOTAL of Disbursements This Page (optional)

9763.69

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 83 / 109

<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

A.

Full Name (Last, First, Middle Initial)

James Lacy

Mailing Address 30011 Ivy Glenn Drive #223

City
Laguna Niguel

State
CA

Zip Code
92677

Purpose of Disbursement
Travel expense

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.170

Date of Disbursement

01 / 16 / 2008

Amount of Each Disbursement this Period

872.29

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 37176

City
San Francisco

State
CA

Zip Code
94137

Purpose of Disbursement
Merchant Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.1267

Date of Disbursement

01 / 21 / 2008

Amount of Each Disbursement this Period

124.17

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 37176

City
San Francisco

State
CA

Zip Code
94137

Purpose of Disbursement
Deposit Slips

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.1269

Date of Disbursement

01 / 21 / 2008

Amount of Each Disbursement this Period

47.70

SUBTOTAL of Disbursements This Page (optional)

1044.16

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 84 / 109

<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

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)

Fulfillment Management

Mailing Address 2070 Chain Bridge Rd., Ste 520

City Vienna State CA Zip Code 22182

Purpose of Disbursement
Mailings

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: EXP.B.1271

Date of Disbursement

01 / 23 / 2008

Amount of Each Disbursement this Period

5570.55

B.

Full Name (Last, First, Middle Initial)

Barrett Garcia

Mailing Address 32302 Camino Capistrano #214

City San Juan Capistran State CA Zip Code 92675

Purpose of Disbursement
Accounting services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: EXP.B.1253

Date of Disbursement

01 / 25 / 2008

Amount of Each Disbursement this Period

998.03

C.

Full Name (Last, First, Middle Initial)

Excellentia Inc.

Mailing Address 4224 67th AVE CT W

City University Place State WA Zip Code 98466

Purpose of Disbursement
Consulting Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: EXP.B.1254

Date of Disbursement

01 / 31 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

7568.58

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 85 / 109

<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

A.

Full Name (Last, First, Middle Initial)

James Lacy

Mailing Address 30011 Ivy Glenn Drive #223

City Laguna Niguel State CA Zip Code 92677

Purpose of Disbursement
Consulting Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.1255

Date of Disbursement

01 / 31 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Response Dynamics, Inc.

Mailing Address 2070 Chain Bridge Rd., Suite 520

City Vienna State VA Zip Code 22182

Purpose of Disbursement
Postage

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.1278

Date of Disbursement

02 / 13 / 2008

Amount of Each Disbursement this Period

6164.06

C.

Full Name (Last, First, Middle Initial)

Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Account services

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.1279

Date of Disbursement

02 / 19 / 2008

Amount of Each Disbursement this Period

2340.11

SUBTOTAL of Disbursements This Page (optional)

9504.17

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 37176

City
San Francisco

State
CA

Zip Code
94137

Purpose of Disbursement
Merchant Service Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: EXP.B.1281

Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

265.03

B.

Full Name (Last, First, Middle Initial)

U.S. Postmaster

Mailing Address 900 Brentwood Road N.E.

City
Washington

State
DC

Zip Code
20018

Purpose of Disbursement
Postage

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: EXP.B.1282

Date of Disbursement

02 / 27 / 2008

Amount of Each Disbursement this Period

970.00

C.

Full Name (Last, First, Middle Initial)

Apex Advertising, Inc.

Mailing Address 119 Reese Ave.

City
Lancaster

State
PA

Zip Code
17602

Purpose of Disbursement
Advertising

Candidate Name

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: EXP.B.1284

Date of Disbursement

03 / 03 / 2008

Amount of Each Disbursement this Period

498.64

SUBTOTAL of Disbursements This Page (optional)

1733.67

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 87 / 109

<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

A.

Full Name (Last, First, Middle Initial)

Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City
Chantilly

State
VA

Zip Code
20151

Purpose of Disbursement
Account services

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.1288

Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

4686.08

B.

Full Name (Last, First, Middle Initial)

Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City
Chantilly

State
VA

Zip Code
20151

Purpose of Disbursement
Account Services

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.1289

Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

1981.50

C.

Full Name (Last, First, Middle Initial)

Apex Advertising, Inc.

Mailing Address 119 Reese Ave.

City
Lancaster

State
PA

Zip Code
17602

Purpose of Disbursement
Advertising

Candidate Name

004

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.1294

Date of Disbursement

03 / 27 / 2008

Amount of Each Disbursement this Period

810.14

SUBTOTAL of Disbursements This Page (optional)

7477.72

TOTAL This Period (last page this line number only)

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

PAGE 88 / 109

<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

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 37176

City
San FranciscoState
CAZip Code
94137Purpose of Disbursement
Merchant Fee

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.1293

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	8

Amount of Each Disbursement this Period

149.83

B.

Full Name (Last, First, Middle Initial)

Response Dynamics, Inc.

Mailing Address 2070 Chain Bridge Rd., Suite 520

City
ViennaState
VAZip Code
22182Purpose of Disbursement
Postage

Candidate Name

003

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.1295

Date of Disbursement

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

Amount of Each Disbursement this Period

9740.46

SUBTOTAL of Disbursements This Page (optional)

9890.29

TOTAL This Period (last page this line number only)

46982.28

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

PAGE 89 / 109

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00429084</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 1</div> <div><small>D D</small> 0 2</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20047.93</div>	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.157	
Purpose of Expenditure Postage Account		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">71828.27</div>		2008	
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 1</div> <div><small>D D</small> 0 2</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5219.64</div>	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.158	
Purpose of Expenditure Postage Account		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">18701.03</div>		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">25267.57</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 1 7</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	

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

PAGE 90 / 109

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00429084</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 0 1</div> <div><small>D</small> <small>D</small> 0 7</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 8</div> </div>	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4378.80</div>	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.159	
Purpose of Expenditure Mailing Services		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">71828.27</div>		2008	

Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 0 1</div> <div><small>D</small> <small>D</small> 0 7</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 8</div> </div>	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1140.05</div>	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.160	
Purpose of Expenditure Mailing Services		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">18701.03</div>		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5518.85</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

James Lacy

Signature

Date

M M
1 2

D D
1 7

Y Y Y Y
2 0 0 8

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

PAGE 91 / 109

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00429084</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Fulfillment Management		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 01</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 2070 Chain Bridge Rd., Ste 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3699.29</div>	
City Vienna		Transaction ID: EDT.EALC.143	
State CA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Purpose of Expenditure Mailings		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Category/ Type 003		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		2008	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">71828.27</div>	
Full Name (Last, First, Middle, Initial) of Payee Fulfillment Management		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 01</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 2070 Chain Bridge Rd., Ste 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">963.14</div>	
City Vienna		Transaction ID: EDT.EALC.144	
State CA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Purpose of Expenditure Mailings		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Category/ Type 003		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		2008	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">18701.03</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">4662.43</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 17</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	

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

PAGE 92 / 109

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		FEC IDENTIFICATION NUMBER ▼ C C00429084	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Direct Response Data		Date M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount 6276.11	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.135	
Purpose of Expenditure Data Entry		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
71828.27			
Full Name (Last, First, Middle, Initial) of Payee Direct Response Data		Date M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount 1634.04	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.136	
Purpose of Expenditure Data Entry		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
18701.03			
(a) SUBTOTAL of Itemized Independent Expenditures		7910.15	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 8	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		FEC IDENTIFICATION NUMBER ▼ C C00429084	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Direct Response Data		Date M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount 1317.20	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.137	
Purpose of Expenditure Data Entry		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
71828.27			
Full Name (Last, First, Middle, Initial) of Payee Direct Response Data		Date M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount 342.94	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.138	
Purpose of Expenditure Data Entry		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
18701.03			
(a) SUBTOTAL of Itemized Independent Expenditures		1660.14	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 8	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00429084</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 0 1</div> <div><small>D</small> <small>D</small> 2 8</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 8</div> </div>	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2380.28</div>	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.165 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Purpose of Expenditure Mailing Services		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">71828.27</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 0 1</div> <div><small>D</small> <small>D</small> 2 8</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 8</div> </div>	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">619.72</div>	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.166 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Purpose of Expenditure Mailing Services		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">18701.03</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">3000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 2</div> <div><small>D</small> <small>D</small> 1 7</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 8</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00429084 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 01</div> <div style="border: 1px solid black; padding: 2px;">D 29</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3279.51</div>	
City Vienna		Transaction ID: EDT.EALC.161	
State VA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Purpose of Expenditure Mailing Services		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Category/ Type 003		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		2008	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">71828.27</div>	
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 01</div> <div style="border: 1px solid black; padding: 2px;">D 29</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">853.84</div>	
City Vienna		Transaction ID: EDT.EALC.162	
State VA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Purpose of Expenditure Mailing Services		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Category/ Type 003		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		2008	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">18701.03</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">4133.35</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 12</div> <div style="border: 1px solid black; padding: 2px;">D 17</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		FEC IDENTIFICATION NUMBER ▼ C C00429084	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date MM / DD / YYYY 02 / 01 / 2008	
Mailing Address 900 Brentwood Road N.E.		Amount 793.43	
City Washington State DC Zip Code 20018		Transaction ID: EDT.EALC.151	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 71828.27		2008	
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date MM / DD / YYYY 02 / 01 / 2008	
Mailing Address 900 Brentwood Road N.E.		Amount 206.57	
City Washington State DC Zip Code 20018		Transaction ID: EDT.EALC.152	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 18701.03		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		1000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 12 / 17 / 2008	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		FEC IDENTIFICATION NUMBER ▼ C C00429084	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Fulfillment Management		Date M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd., Ste 520		Amount 3171.19	
City Vienna State CA Zip Code 22182		Transaction ID: EDT.EALC.145	
Purpose of Expenditure Mailings		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 71828.27		2008	
Full Name (Last, First, Middle, Initial) of Payee Fulfillment Management		Date M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd., Ste 520		Amount 825.65	
City Vienna State CA Zip Code 22182		Transaction ID: EDT.EALC.146	
Purpose of Expenditure Mailings		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 18701.03		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		3996.84	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 8	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00429084</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee The Best List, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 2</div> <div><small>D D</small> 0 6</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 2070 Chain Bridge Rd., suite 520		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1511.94</div>	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.169 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Purpose of Expenditure Lists		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">71828.27</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee The Best List, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 2</div> <div><small>D D</small> 0 6</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 2070 Chain Bridge Rd., suite 520		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">393.64</div>	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.170 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Purpose of Expenditure Lists		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">18701.03</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1905.58</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 1 7</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00429084</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Fulfillment Management		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 2</div> <div><small>D D</small> 1 1</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 2070 Chain Bridge Rd., Ste 520		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">3496.54</div>	
City State Zip Code Vienna CA 22182		Transaction ID: EDT.EALC.147	
Purpose of Expenditure Mailings		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; text-align: center;">003</div>	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">71828.27</div>			
Full Name (Last, First, Middle, Initial) of Payee Fulfillment Management		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 2</div> <div><small>D D</small> 1 1</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 2070 Chain Bridge Rd., Ste 520		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">910.35</div>	
City State Zip Code Vienna CA 22182		Transaction ID: EDT.EALC.148	
Purpose of Expenditure Mailings		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; text-align: center;">003</div>	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">18701.03</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">4406.89</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 1 7</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00429084 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 2</div> <div><small>D D</small> 2 1</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1315.78</div>	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.163	
Purpose of Expenditure Mailing Services		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">71828.27</div>			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 2</div> <div><small>D D</small> 2 1</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">342.57</div>	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.164	
Purpose of Expenditure Mailing Services		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">18701.03</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1658.35</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 1 7</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		FEC IDENTIFICATION NUMBER C C00429084	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Fulfillment Management		Date MM / DD / YYYY 03 / 03 / 2008	
Mailing Address 2070 Chain Bridge Rd., Ste 520		Amount 3014.52	
City State Zip Code Vienna CA 22182		Transaction ID: EDT.EALC.149	
Purpose of Expenditure Mailings		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
71828.27			
Full Name (Last, First, Middle, Initial) of Payee Fulfillment Management		Date MM / DD / YYYY 03 / 03 / 2008	
Mailing Address 2070 Chain Bridge Rd., Ste 520		Amount 784.85	
City State Zip Code Vienna CA 22182		Transaction ID: EDT.EALC.150	
Purpose of Expenditure Mailings		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
18701.03			
(a) SUBTOTAL of Itemized Independent Expenditures		3799.37	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 12 / 17 / 2008	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		FEC IDENTIFICATION NUMBER C C00429084	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date MM / DD / YYYY 03 / 04 / 2008	
Mailing Address 900 Brentwood Road N.E.		Amount 575.23	
City State Zip Code Washington DC 20018		Transaction ID: EDT.EALC.153	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 001		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
71828.27			
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date MM / DD / YYYY 03 / 04 / 2008	
Mailing Address 900 Brentwood Road N.E.		Amount 149.77	
City State Zip Code Washington DC 20018		Transaction ID: EDT.EALC.154	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
18701.03			
(a) SUBTOTAL of Itemized Independent Expenditures		725.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 12 / 17 / 2008	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00429084</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Direct Response Data		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 3</div> <div><small>D D</small> 1 2</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1928.95</div>	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.139	
Purpose of Expenditure Data Entry		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">71828.27</div>		2008	
Full Name (Last, First, Middle, Initial) of Payee Direct Response Data		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 3</div> <div><small>D D</small> 1 2</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">502.22</div>	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.140	
Purpose of Expenditure Data Entry		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">18701.03</div>		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2431.17</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 1 7</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		FEC IDENTIFICATION NUMBER ▼ C C00429084	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 8	
Mailing Address 900 Brentwood Road N.E.		Amount 793.43	
City Washington State DC Zip Code 20018		Transaction ID: EDT.EALC.155	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 71828.27		2008	
Full Name (Last, First, Middle, Initial) of Payee U.S. Postmaster		Date M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 8	
Mailing Address 900 Brentwood Road N.E.		Amount 206.57	
City Washington State DC Zip Code 20018		Transaction ID: EDT.EALC.156	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 18701.03		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		1000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 8	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		FEC IDENTIFICATION NUMBER ▼ C C00429084	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Direct Response Data		Date M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount 7186.31	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.141	
Purpose of Expenditure Data Entry		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
71828.27			
Full Name (Last, First, Middle, Initial) of Payee Direct Response Data		Date M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount 1871.01	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.142	
Purpose of Expenditure Data Entry		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
18701.03			
(a) SUBTOTAL of Itemized Independent Expenditures		9057.32	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 8	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		FEC IDENTIFICATION NUMBER ▼ C C00429084	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount 6157.62	
City Vienna State VA Zip Code 22182		Transaction ID: EDT.EALC.167	
Purpose of Expenditure Mailing Services		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 71828.27		2008	
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount 1603.18	
City Vienna State VA Zip Code 22182		Transaction ID: EDT.EALC.168	
Purpose of Expenditure Mailing Services		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 18701.03		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		7760.80	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 8	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		FEC IDENTIFICATION NUMBER ▼ C C00429084	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee The Best List, Inc.		Date M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd., suite 520		Amount 504.21	
City Vienna State VA Zip Code 22182		Transaction ID: EDT.EALC.171	
Purpose of Expenditure Lists		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 71828.27		2008	
Full Name (Last, First, Middle, Initial) of Payee The Best List, Inc.		Date M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd., suite 520		Amount 131.28	
City Vienna State VA Zip Code 22182		Transaction ID: EDT.EALC.172	
Purpose of Expenditure Lists		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 18701.03		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		635.49	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures		90529.30	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 8	

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Conservative Political Action Conference

Mailing Address 1007 Cameron Street

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Sponsorship

Candidate Name

012

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXP.B.171

Date of Disbursement

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

Amount of Each Disbursement this Period

6000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

6000.00

Image# 28935198001

Form/Schedule: **F3XA**

Add vendor address

Transaction ID:
