

**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  
REPORTNEW  
(N)**OR**AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

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

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2007

through

06

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

James Lacy

Signature of Treasurer

Electronically Filed by James Lacy

Date

04

26

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	7

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		0.00
(b) Cash on Hand at Beginning of Reporting Period .....	0.00	
(c) Total Receipts (from Line 19) .....	51862.45	51862.45
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	51862.45	51862.45
7. Total Disbursements (from Line 31) .....	26273.13	26273.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	25589.32	25589.32
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	1000.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 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 7

To:

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

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

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	5679.46	5679.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	5679.46	5679.46
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) .....	20593.67	20593.67
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	26273.13	26273.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26273.13	26273.13

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	51862.45	51862.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	51862.45	51862.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5679.46	5679.46
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5679.46	5679.46

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

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

FOR LINE NUMBER: PAGE 6 / 30

(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 SMALL

Mailing Address 446 SECORY ST

City

HEMET

State

CA

Zip Code

92543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOS ANGELES COUNTY HOSPIT-  
AL

Occupation

RETIRED RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: INC.A.14

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT D WELCHLI

Mailing Address 348 PROVENCAL RD

City

GROSSE POINTE

State

MI

Zip Code

48236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: INC.A.4

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MARGARET W PIERCE

Mailing Address 2725 SENECA CIR

City

WEST PALM BEACH

State

FL

Zip Code

33409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.26

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 30

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MRS BETTY ANN SHIPKEY

Mailing Address 1428 W BAY AVE

City

NEWPORT BEACH

State

CA

Zip Code

92661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
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 4 / 2 6 / 2 0 0 7

Transaction ID: INC.A.29

Amount of Each Receipt this Period

150.00

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-EMPLOYEDOccupation  
INVESTOR/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.9

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MRS MARGARET W PIERCE

Mailing Address 2725 SENECA CIR

City

WEST PALM BEACH

State

FL

Zip Code

33409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.27

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

450.00

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 / 30

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS ANALYNN T HOLLOWAY

Mailing Address 7277 BOCAGE BLVD

City

BATON ROUGE

State

LA

Zip Code

70809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: INC.A.13

Amount of Each Receipt this Period

220.00

**B.**

Full Name (Last, First, Middle Initial)

MRS EMMA LEA LANDERS

Mailing Address 2355 PINTA DR

City

WINSTON SALEM

State

NC

Zip Code

27106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: INC.A.28

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MRS PHYLLIS R DAVIS

Mailing Address 1150 ANCHORAGE LN UNIT 610

City

SAN DIEGO

State

CA

Zip Code

92106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: INC.A.31

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 30

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MRS BETTY J ALSON

Mailing Address 819 PARADISE LN

City

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 ▼

200.00

Date of Receipt

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

Transaction ID: INC.A.19

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MRS FAYE A SMALL

Mailing Address 446 SECORY ST

City

HEMET

State

CA

Zip Code

92543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOS ANGELES COUNTY HOSPIT-  
AL

Occupation

RETIRED RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: INC.A.15

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

MS RUTH E DEMPSTER

Mailing Address 5028 W HERNDON AVE APT 105

City

FRESNO

State

CA

Zip Code

93722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

994.00

Date of Receipt

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

Transaction ID: INC.A.22

Amount of Each Receipt this Period

44.00

**SUBTOTAL** of Receipts This Page (optional) .....

284.00

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

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

FOR LINE NUMBER: PAGE 10 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS RUTH E DEMPSTER

Mailing Address 5028 W HERNDON AVE APT 105

City

FRESNO

State

CA

Zip Code

93722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

994.00

Date of Receipt

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

Transaction ID: INC.A.23

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MRS FAYE A SMALL

Mailing Address 446 SECORY ST

City

HEMET

State

CA

Zip Code

92543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOS ANGELES COUNTY HOSPIT-  
ALOccupation  
RETIRED RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: INC.A.16

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT D WELCHLI

Mailing Address 348 PROVENCAL RD

City

GROSSE POINTE

State

MI

Zip Code

48236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: INC.A.5

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

635.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 30

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT L BOUGHTON, JR

Mailing Address 3449 PADARO LN

City

CARPINTERIA

State

CA

Zip Code

93013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.7

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD M HOLCOMBE

Mailing Address 73 MALLARD CT

City

MONTROSS

State

VA

Zip Code

22520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: INC.A.21

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MARJORIE P POWERS

Mailing Address 1155 SW 22ND AVE  
VILLA 10 # 2

City

DELRAY BEACH

State

FL

Zip Code

33445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.11

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 30

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MRS BETTY ANN SHIPKEY

Mailing Address 1428 W BAY AVE

City

NEWPORT BEACH

State

CA

Zip Code

92661

FEC ID number of contributing  
federal political committee.

C

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 6 / 0 6 / 2 0 0 7

Transaction ID: INC.A.30

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

MRS PHYLLIS R DAVIS

Mailing Address 1150 ANCHORAGE LN UNIT 610

City

SAN DIEGO

State

CA

Zip Code

92106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: INC.A.32

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

DR T C JONES

Mailing Address 1301 ARENAL CT

City

SANTA FE

State

NM

Zip Code

87501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: INC.A.8

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 30

(check only one)

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

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

NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MRS ESTELLA T HYSON

Mailing Address 2437 W ERIC DR  
 MAPLE CREST

City State Zip Code  
 WILMINGTON DE 19808

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: INC.A.2

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MRS FAYE A SMALL

Mailing Address 446 SECORY ST

City State Zip Code  
 HEMET CA 92543

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 LOS ANGELES COUNTY HOSPIT-  
 AL

Occupation  
 RETIRED RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: INC.A.17

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MISS MAURINE CLICKENER

Mailing Address 1101 PEMBRIDGE DR APT 208H

City State Zip Code  
 LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 ABBOTT LABORATORIES

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 4 / 2 0 0 7

Transaction ID: INC.A.1

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

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

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

FOR LINE NUMBER: PAGE 14 / 30

(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 ELLIOT A BAINES

Mailing Address 360 INDIAN HARBOR RD

City

VERO BEACH

State

FL

Zip Code

32963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: INC.A.6

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

MR ANDREW E SMITH

Mailing Address 6961 CRESCENT AVE

City

BUENA PARK

State

CA

Zip Code

90620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.3

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MS RUTH E DEMPSTER

Mailing Address 5028 W HERNDON AVE APT 105

City

FRESNO

State

CA

Zip Code

93722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

994.00

Date of Receipt

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

Transaction ID: INC.A.24

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

3850.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 30

(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 SMALL

Mailing Address 446 SECORY ST

City

HEMET

State

CA

Zip Code

92543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOS ANGELES COUNTY HOSPIT-  
AL

Occupation

RETIRED RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: INC.A.18

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MRS MARJORIE P POWERS

Mailing Address 1155 SW 22ND AVE  
VILLA 10 # 2

City

DELRAY BEACH

State

FL

Zip Code

33445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.12

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MS RUTH E DEMPSTER

Mailing Address 5028 W HERNDON AVE APT 105

City

FRESNO

State

CA

Zip Code

93722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

994.00

Date of Receipt

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

Transaction ID: INC.A.25

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 30

(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 ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.10

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MS EDITH S RYDER

Mailing Address 11280 57TH AVE S

City

SEATTLE

State

WA

Zip Code

98178

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.20

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

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

9039.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 30

<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)

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.1592

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

221.17

**B.**

Full Name (Last, First, Middle Initial)

Fullfillment Management

Mailing Address 2070 Chain Bridge Road, Suite 520

City Vienna State VA Zip Code 22182

Purpose of Disbursement  
Folding/inserting mail

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: EXP.B.1593

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

376.14

**C.**

Full Name (Last, First, Middle Initial)

Mid America Printing

Mailing Address 2070 Chain Bridge Road, Suite 520

City Vienna State VA Zip Code 22182

Purpose of Disbursement  
Printing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: EXP.B.1594

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

2878.25

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

3475.56

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 30

<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)

Response Dynamics

Mailing Address 2070 Chain Bridge Rd., Suite 520

City Vienna State VA Zip Code 22182

Purpose of Disbursement

Mailing services

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: EXP.B.1596

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

1006.72

**B.**

Full Name (Last, First, Middle Initial)

Response Dynamics

Mailing Address 2070 Chain Bridge Rd., Suite 520

City Vienna State VA Zip Code 22182

Purpose of Disbursement

Mailing services

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: EXP.B.1595

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

768.04

**C.**

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.1597

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

240.44

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

2015.20

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 30

<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  
Admininstrative processing services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: EXP.B.42

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2007

Amount of Each Disbursement this Period

150.00

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

150.00

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

5640.76

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

PAGE 20 / 30

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 5 / 2 9 / 2 0 0 7	
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount 774.22	
City State Zip Code Vienna VA 22182		<b>Transaction ID:</b> EDT.EALC.15	
Purpose of Expenditure Fundraiser mailing expenses		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 type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 19220.32			
Full Name (Last, First, Middle, Initial) of Payee Direct Response Data		Date M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount 55.32	
City State Zip Code Vienna VA 22182		<b>Transaction ID:</b> EDT.EALC.16	
Purpose of Expenditure Fundraiser mailing expenses		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 type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1373.35			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		829.54	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 4 / 2 6 / 2 0 0 8	

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

PAGE 21 / 30

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00429084	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Fullfillment Management		Date M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount 1316.68	
City State Zip Code Vienna VA 22182		<b>Transaction ID:</b> EDT.EALC.21	
Purpose of Expenditure Folding/inserting ma- il		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 type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 19220.32			
Full Name (Last, First, Middle, Initial) of Payee Fullfillment Management		Date M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount 94.08	
City State Zip Code Vienna VA 22182		<b>Transaction ID:</b> EDT.EALC.22	
Purpose of Expenditure Folding/inserting ma- il		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 type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1373.35			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		1410.76	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 4 / 2 6 / 2 0 0 8	

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

PAGE 22 / 30

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00429084	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mid America Printing		Date M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount 719.91	
City State Zip Code Vienna VA 22182		<b>Transaction ID:</b> EDT.EALC.19	
Purpose of Expenditure Printing		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 type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1373.35			
Full Name (Last, First, Middle, Initial) of Payee Mid America Printing		Date M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 2070 Chain Bridge Road, Suite 520		Amount 10075.26	
City State Zip Code Vienna VA 22182		<b>Transaction ID:</b> EDT.EALC.12	
Purpose of Expenditure Printing for fundraiser mailers		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 type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 19220.32			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		10795.17	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 4 / 2 6 / 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		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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		Date M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount 2688.51	
City State Zip Code Vienna VA 22182		<b>Transaction ID:</b> EDT.EALC.23	
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 type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		19220.32	
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics		Date M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount 3523.99	
City State Zip Code Vienna VA 22182		<b>Transaction ID:</b> EDT.EALC.26	
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 type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		19220.32	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		6212.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 4 / 2 6 / 2 0 0 8	

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

PAGE 24 / 30

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Legacy Committee Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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		Date M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount 192.10	
City State Zip Code Vienna VA 22182		<b>Transaction ID:</b> EDT.EALC.25	
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 type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1373.35			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics		Date M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 2070 Chain Bridge Rd., Suite 520		Amount 251.80	
City State Zip Code Vienna VA 22182		<b>Transaction ID:</b> EDT.EALC.27	
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 type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1373.35			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		443.90	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> 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 0 4 / 2 6 / 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		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> 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 5</div> <div><small>D D</small> 2 9</div> <div><small>Y Y Y Y</small> 2 0 0 7</div> </div>	
Mailing Address 2070 Chain Bridge Rd., suite 520		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">841.66</div>	
City State Zip Code Vienna VA 22182		<b>Transaction ID:</b> EDT.EALC.28 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;">19220.32</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
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 5</div> <div><small>D D</small> 2 9</div> <div><small>Y Y Y Y</small> 2 0 0 7</div> </div>	
Mailing Address 2070 Chain Bridge Rd., suite 520		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.14</div>	
City State Zip Code Vienna VA 22182		<b>Transaction ID:</b> EDT.EALC.29 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;">1373.35</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">901.80</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">20593.67</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> 0 4</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	

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

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

NAME OF COMMITTEE (In Full)

The Legacy Committee Political Action Committee

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

Nature of Debt (Purpose):

Mailing Address PO Box 408

City	State	ZIP Code
Anderson	IN	46015

Outstanding Balance Beginning This Period

0.00

Transaction ID: PAY:D:44

Amount Incurred This Period

500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Norm Coleman For U.S. Senate
Nature of Debt (Purpose):  
Political Contribution

Mailing Address 7300 Hudson Blvd., Suite 270A

City	State	ZIP Code
St. Paul	MN	55104

Outstanding Balance Beginning This Period

0.00

Transaction ID: PAY:D:45

Amount Incurred This Period

500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

1000.00

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

1000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

1000.00

**Image# 28931479936**

Form/Schedule: **SB21B** Total check amount is \$1142.24, of which \$901.80 represents independent expenditure

Transaction ID: **EXP.B.1597**

Form/Schedule: **SB21B** Total check amount is \$3,648.65, of which \$2880.61 represents independent expenditure

Transaction ID: **EXP.B.1595**

\*\*\*\*\*

**Image# 28931479937**

Form/Schedule: **SB21B** Total check amount is \$4,782.50, of which \$3,775.78 represents independent expenditure

Transaction ID: **EXP.B.1596**

Form/Schedule: **SB21B** Total check amount is \$13,673.42, of which \$10795.17 represents independent expenditure

Transaction ID: **EXP.B.1594**

\*\*\*\*\*

**Image# 28931479938**

Form/Schedule: **SB21B** Total check amount is \$1,786.90, of which \$1,410.76 represents independent expenditure

Transaction ID: **EXP.B.1593**

Form/Schedule: **SB21B** Total check amount is \$1,050.71, of which \$1,410.76 represents independent expenditure

Transaction ID: **EXP.B.1592**

\*\*\*\*\*

Form/Schedule: **F3XA**      Allocate independent expenditures  
Transaction ID: