

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Legacy Political Fund

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text"/>	<input type="text" value="1348.12"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3829.32"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1415.03"/>	<input type="text" value="16457.72"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="5244.35"/>	<input type="text" value="17805.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2768.00"/>	<input type="text" value="15329.49"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2476.35"/>	<input type="text" value="2476.35"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="31296.06"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Legacy Political Fund

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(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)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	1415.03	16457.72
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1415.03	16457.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1415.03	16457.72

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	84.00	12461.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	84.00	12461.49
22. Transfers to Affiliated/Other Party Committees.....	100.00	200.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2584.00	2668.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2768.00	15329.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2768.00	15329.49

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	84.00	12461.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	84.00	12461.49

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

For the Senate Firewall 2020 distribution on 12/30/2019, all contributions associated with the distribution have been previously disclosed. The transfer represents funds that were held in reserve for operating expenditures of the joint fundraising committee.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Legacy Political Fund

A. SENATE FIREWALL 2020
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 N WASHINGTON ST
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00696567

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15092.86

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2019

Transaction ID : SA12.8059

Amount of Each Receipt this Period
50.17

Memo Item
JFC Distribution

B. SENATE FIREWALL 2020 II
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 N WASHINGTON ST
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00729111

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1364.86

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2019

Transaction ID : SA12.8060

Amount of Each Receipt this Period
1364.86

Memo Item
JFC Distribution

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

Mailing Address 70 Robley Rd

City Salinas State CA Zip Code 93908

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2019

Transaction ID : SA12.8060.0

Amount of Each Receipt this Period
1400.00

Memo Item
Transfer Memo

SUBTOTAL of Receipts This Page (optional).....	1415.03
TOTAL This Period (last page this line number only).....	1415.03

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Legacy Political Fund

Full Name (Last, First, Middle Initial) A. Wells Fargo		Date of Disbursement MM / DD / YYYY 08 / 30 / 2019
Mailing Address 330 N Washington St		FEC Identification Number C [] Transaction ID : SB21B.8076 Amount of Each Disbursement this Period [] 14.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Bank Fee		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Wells Fargo		Date of Disbursement MM / DD / YYYY 09 / 30 / 2019
Mailing Address 330 N Washington St		FEC Identification Number C [] Transaction ID : SB21B.8078 Amount of Each Disbursement this Period [] 14.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Bank Fee		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Wells Fargo		Date of Disbursement MM / DD / YYYY 10 / 31 / 2019
Mailing Address 330 N Washington St		FEC Identification Number C [] Transaction ID : SB21B.8081 Amount of Each Disbursement this Period [] 14.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Bank Fee		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 42.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Legacy Political Fund

Full Name (Last, First, Middle Initial) A. Wells Fargo		Date of Disbursement MM / DD / YYYY 11 / 29 / 2019	
Mailing Address 330 N Washington St		FEC Identification Number C [] Transaction ID : SB21B.8083	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 14.00
Purpose of Disbursement Bank Fee		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Wells Fargo		Date of Disbursement MM / DD / YYYY 12 / 31 / 2019	
Mailing Address 330 N Washington St		FEC Identification Number C [] Transaction ID : SB21B.8085	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 14.00
Purpose of Disbursement Bank Fee		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C []	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	28.00
TOTAL This Period (last page this line number only).....▶	70.00

**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)

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

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NAME OF COMMITTEE (In Full)
Legacy Political Fund

A. SENATE FIREWALL 2020 II

Full Name (Last, First, Middle Initial)

Mailing Address 901 N WASHINGTON ST
SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement Transfer

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2019
 Primary General
 Other (specify) Annual

Date of Disbursement: 12 / 26 / 2019

FEC Identification Number: C00729111
Transaction ID : SB22.8057

Amount of Each Disbursement this Period: 100.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify)

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify)

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	100.00

**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)

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

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NAME OF COMMITTEE (In Full)
Legacy Political Fund

A. Legacy Forum

Full Name (Last, First, Middle Initial)

Mailing Address 12900 Preston Road
Suite 1210

City Dallas State TX Zip Code 75230

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 03 / 2019

FEC Identification Number: C

Transaction ID : SB29.8045

Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Wells Fargo

Full Name (Last, First, Middle Initial)

Mailing Address 330 N Washington St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Non Cont-Acct Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 17 / 2019

FEC Identification Number: C

Transaction ID : SB29.8065

Amount of Each Disbursement this Period: 14.00

Memo Item

C. Wells Fargo

Full Name (Last, First, Middle Initial)

Mailing Address 330 N Washington St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Non Cont-Acct Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 16 / 2019

FEC Identification Number: C

Transaction ID : SB29.8067

Amount of Each Disbursement this Period: 14.00

Memo Item

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

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

2528.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 15
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Legacy Political Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Koch & Hoos, LLC			Nature of Debt (Purpose): Accounting/Compliance Services
Mailing Address 901 N Washington St, Ste 700			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.8086	
Amount Incurred This Period 1566.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1566.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MOJ Consulting			Nature of Debt (Purpose): Administrative Consulting/Phone Expense
Mailing Address 12900 Preston Road Suite 1210			
City Dallas	State TX	Zip Code 75230	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.8087	
Amount Incurred This Period 808.82	Payment This Period 0.00	Outstanding Balance at Close of This Period 808.82

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Taylor, Steve, , ,			Nature of Debt (Purpose): PAC Event Expense: Reception/Food & Bev./Travel
Mailing Address PO Box 7172-179			
City Stateline	State NV	Zip Code 89449	

Outstanding Balance Beginning This Period 23736.55	Transaction ID : SD10.7213	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 23736.55

1) SUBTOTALS This Period This Page (optional)..... ▶	26111.37
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 15
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Legacy Political Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Taylor, Steve, , ,			Nature of Debt (Purpose): Reimbursement: Travel Expense
Mailing Address PO Box 7172-179			
City Stateline	State NV	Zip Code 89449	

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Taylor, Steve, , ,			Nature of Debt (Purpose): Reimbursement: Travel Expense
Mailing Address PO Box 7172-179			
City Stateline	State NV	Zip Code 89449	

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Taylor, Steve, , ,			Nature of Debt (Purpose): Reimbursement: Travel Expense
Mailing Address PO Box 7172-179			
City Stateline	State NV	Zip Code 89449	

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="4883.09"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
Legacy Political Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Taylor, Steve, , ,			Nature of Debt (Purpose): Reimbursement: Travel Expense
Mailing Address PO Box 7172-179			
City Stateline	State NV	Zip Code 89449	

Outstanding Balance Beginning This Period	Transaction ID : SD10.8051	
<input type="text" value="301.60"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="301.60"/>

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="301.60"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="31296.06"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="31296.06"/>