

# 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  
Legacy Political Fund

ADDRESS (number and street) PO Box 77076  
 Check if different than previously reported. (ACC)  
Fort Worth TX 76177

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 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 (12S)  
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 04 01 2010 through 06 30 2010

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 Steve Taylor

Signature of Treasurer Electronically Filed by Steve Taylor Date 07 14 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Legacy Political Fund

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		2104.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	62078.41									
(c) Total Receipts (from Line 19) .....	65950.00	138550.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	128028.41	140654.00								
7. Total Disbursements (from Line 31) .....	88835.87	101461.46								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	39192.54	39192.54								
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) .....	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)

Write or Type Committee Name  
Legacy Political Fund

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	63950.00	133050.00
(ii) Unitemized .....	0.00	3500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	63950.00	136550.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	2000.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	65950.00	138550.00
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)) .....	65950.00	138550.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	65950.00	138550.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	52159.59	62785.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	52159.59	62785.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2426.28	4426.28
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	34250.00	34250.00
(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)) .....	34250.00	34250.00
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))..	88835.87	101461.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	88835.87	101461.46

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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 .....	65950.00	138550.00
34. Total Contribution Refunds (from Line 28(d)) .....	34250.00	34250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31700.00	104300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	52159.59	62785.18
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	52159.59	62785.18

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 38  
(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

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

NAME OF COMMITTEE (In Full)  
Legacy Political Fund

**A.**

Full Name (Last, First, Middle Initial) Jennifer Alt		Date of Receipt MM / DD / YYYY 05 / 24 / 2010
Mailing Address 401 Wilshire Blvd		<b>Transaction ID:</b> SA11AI.4935
City Santa Monica	State CA	Zip Code 90401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SGL	Occupation Strategic Director of Operations	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Stephen Arterburn		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
Mailing Address 820 W Spring Creek Pkwy, #400A		<b>Transaction ID:</b> SA11AI.4877
City Plano	State TX	Zip Code 75023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1700.00
Name of Employer New Life Ministries	Occupation Founder/Chairman	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

**C.**

Full Name (Last, First, Middle Initial) Anne R. Birdwell		Date of Receipt MM / DD / YYYY 04 / 27 / 2010
Mailing Address 13111 Paradise Valley Dr		<b>Transaction ID:</b> SA11AI.4867
City Houston	State TX	Zip Code 77069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3450.00
<b>TOTAL</b> 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 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Legacy Political Fund

**A.** Full Name (Last, First, Middle Initial)  
Brad A. Birdwell

Mailing Address 17630 Lake Cypress Hill Dr

City State Zip Code  
Cypress TX 77429

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
G R Birdwell Construction President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 04 / 13 / 2010  
Transaction ID: SA11AI.4857

Amount of Each Receipt this Period 1700.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Gene R. Birdwell

Mailing Address 13111 Paradise Valley

City State Zip Code  
Houston TX 77069

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
G R Birdwell Construction Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 04 / 02 / 2010  
Transaction ID: SA11AI.4855

Amount of Each Receipt this Period 1250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Jessica M. Birdwell

Mailing Address 17630 Lake Cypress Hill Dr

City State Zip Code  
Cypress TX 77429

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Texas A&M University Student

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 13 / 2010  
Transaction ID: SA11AI.4860

Amount of Each Receipt this Period 1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 3950.00

**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 / 38  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Legacy Political Fund

**A.** Full Name (Last, First, Middle Initial)  
Brian Blackwell  
 Mailing Address 4422 86th St  
 City Lubbock State TX Zip Code 79424  
 Date of Receipt MM / DD / YYYY  
05 / 07 / 2010  
**Transaction ID:** SA11AI.4949  
 Amount of Each Receipt this Period 1000.00  
 Contribution  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Up N In Investments LLC Occupation Real Estate/Investments  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Debra E. Bolves  
 Mailing Address 62 Adalia Ave  
 City Tampa State FL Zip Code 33606  
 Date of Receipt MM / DD / YYYY  
05 / 12 / 2010  
**Transaction ID:** SA11AI.4950  
 Amount of Each Receipt this Period 2000.00  
 Contribution  
 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 ▼ 2000.00

**C.** Full Name (Last, First, Middle Initial)  
Barry Clark  
 Mailing Address 9542 E Silent Hills Place  
 City Lone Tree State CO Zip Code 80124  
 Date of Receipt MM / DD / YYYY  
05 / 20 / 2010  
**Transaction ID:** SA11AI.4939  
 Amount of Each Receipt this Period 850.00  
 Contribution  
 FEC ID number of contributing federal political committee. C  
 Name of Employer SmartVoice, Inc. Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

**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: (check only one)	PAGE 9 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Legacy Political Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Jon Cole	Date of Receipt MM / DD / YYYY 06 / 21 / 2010
	Mailing Address 4054 McKinney Ave, Suite 310	<b>Transaction ID:</b> SA11AI.4958
	City State Zip Code Dallas TX 75204	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Live Oak Ventures Partner/Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Nathaniel Crow	Date of Receipt MM / DD / YYYY 04 / 12 / 2010
	Mailing Address 2726 Connecticut Ave. NW #501	<b>Transaction ID:</b> SA11AI.4895
	City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation U.S. House of Representatives Special Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ted Cruz	Date of Receipt MM / DD / YYYY 06 / 21 / 2010
	Mailing Address 3900 Bonnell Dr	<b>Transaction ID:</b> SA11AI.4928
	City State Zip Code Austin TX 78731	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation State of Texas Solicitor General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3500.00
<b>TOTAL</b> 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 / 38  
(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)  
Legacy Political Fund

**A.**

Full Name (Last, First, Middle Initial)  
Ted Cruz

Mailing Address 3900 Bonnell Dr

City Austin State TX Zip Code 78731

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

Name of Employer State of Texas Occupation Solicitor General

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3700.00

Date of Receipt 06 / 21 / 2010  
**Transaction ID:** SA11AI.4929  
 Amount of Each Receipt this Period 1700.00  
 Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Alex Danza

Mailing Address 6918 Pasadena Ave

City Dallas State TX Zip Code 75214

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

Name of Employer Savoya LLC Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 10 / 2010  
**Transaction ID:** SA11AI.4942  
 Amount of Each Receipt this Period 2000.00  
 Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Robert Dobrient

Mailing Address 1845 Woodall Rodgers Suite 1725

City Dallas State TX Zip Code 75201

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

Name of Employer Savoya Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 16 / 2010  
**Transaction ID:** SA11AI.4930  
 Amount of Each Receipt this Period 2000.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5700.00

**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 / 38  
(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)  
Legacy Political Fund

**A.**

Full Name (Last, First, Middle Initial)  
Ted M. Eades

Mailing Address 4066 South Better Drive

City State Zip Code  
Dallas TX 75229

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

Name of Employer ACE Cash Express. Inc. Occupation Senior Vice President and GC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 30 / 2010

Transaction ID: SA11AI.4875

Amount of Each Receipt this Period  
850.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
William H. Flaherty

Mailing Address 1112 Sandcastle Dr

City State Zip Code  
Corona Del Mar CA 92625

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

Name of Employer Irvine Co. Office Properties Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2010

Transaction ID: SA11AI.4933

Amount of Each Receipt this Period  
2000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Mark Gill

Mailing Address PO Box 158838

City State Zip Code  
Nashville TN 37215

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

Name of Employer [Not Applicable] Occupation Community Organizer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 11 / 2010

Transaction ID: SA11AI.4944

Amount of Each Receipt this Period  
850.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3700.00**

**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 / 38  
(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)  
Legacy Political Fund

**A.**

Full Name (Last, First, Middle Initial)  
Mark Gill

Mailing Address PO Box 158838

City Nashville State TN Zip Code 37215

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

Name of Employer [Not Applicable] Occupation Community Organizer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt: 05 / 11 / 2010  
**Transaction ID:** SA11AI.4946  
 Amount of Each Receipt this Period: 500.00  
 Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Mark Gill

Mailing Address PO Box 158838

City Nashville State TN Zip Code 37215

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

Name of Employer [Not Applicable] Occupation Community Organizer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt: 05 / 11 / 2010  
**Transaction ID:** SA11AI.4948  
 Amount of Each Receipt this Period: 1250.00  
 Contribution

**C.**

Full Name (Last, First, Middle Initial)  
William L. Hanley

Mailing Address 250 Jungle Rd

City Palm Beach State FL Zip Code 33480

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: 04 / 06 / 2010  
**Transaction ID:** SA11AI.4835  
 Amount of Each Receipt this Period: 2000.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3750.00

**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: (check only one)	PAGE 13 / 38
	<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)  
Legacy Political Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) John Huffman		Date of Receipt
	Mailing Address 722 Ashleigh Lane		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Southlake	TX	76092
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4927
Name of Employer Greenberg Traurig, LLP		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
			Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) J.C. Huizenga		Date of Receipt
	Mailing Address 3755 36th St, Suite 100		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Grand Rapids	MI	49512
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4893
Name of Employer Huizenga Group		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2000.00"/>
			Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Jessica Humphreys		Date of Receipt
	Mailing Address 359 George Bush Dr E		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	College Station	TX	77840
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4891
Name of Employer Atticus Real Estate		Occupation Developer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
			Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="3500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 38  
(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)  
Legacy Political Fund

**A.**

Full Name (Last, First, Middle Initial)  
Peb Jackson

Mailing Address 512 South Tejon Suite 200

City State Zip Code  
Colorado Springs CO 80903

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

Name of Employer Occupation  
Jackson Consulting Group Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2010

**Transaction ID:** SA11AI.4866

Amount of Each Receipt this Period  
850.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Wilson G. Jones

Mailing Address 3418 Harvard Ave.

City State Zip Code  
Dallas TX 75205

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

Name of Employer Occupation  
Baker & McKenzie LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2010

**Transaction ID:** SA11AI.4870

Amount of Each Receipt this Period  
1700.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Steve Kirby

Mailing Address 24 Riverview Heights

City State Zip Code  
Sioux Falls SD 57104

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

Name of Employer Occupation  
Bluestem Capital Company Founding Partner/President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2010

**Transaction ID:** SA11AI.4863

Amount of Each Receipt this Period  
850.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3400.00**

**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 / 38  
(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)  
Legacy Political Fund

**A.**

Full Name (Last, First, Middle Initial)  
Bob McNutt

Mailing Address PO Box 79

City State Zip Code  
Corsicana TX 75151

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

Name of Employer Collin Street Bakery Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2350.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2010

Transaction ID: SA11AI.4937

Amount of Each Receipt this Period  
2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
John Scott Mooring

Mailing Address 11107 Wickway Dr

City State Zip Code  
Houston TX 77024

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

Name of Employer Mooring Recovery Services Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2010

Transaction ID: SA11AI.4889

Amount of Each Receipt this Period  
2000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
John Fulton Murray

Mailing Address 7 Westover Rd

City State Zip Code  
Fort Worth TX 76107

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

Name of Employer Hunt BioVentures LP Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2010

Transaction ID: SA11AI.4941

Amount of Each Receipt this Period  
2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

**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: (check only one)	PAGE 16 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Legacy Political Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Carol Reese	Date of Receipt MM / DD / YYYY 05 / 12 / 2010
	Mailing Address PO Box 8870	<b>Transaction ID:</b> SA11AI.5006
	City State Zip Code Horseshoe Bay TX 78657	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Homemaker Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rocky Reese	Date of Receipt MM / DD / YYYY 05 / 12 / 2010
	Mailing Address PO Box 8870	<b>Transaction ID:</b> SA11AI.4952
	City State Zip Code Horseshoe Bay TX 78657	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Live Oak Lodging President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David Segel	Date of Receipt MM / DD / YYYY 05 / 12 / 2010
	Mailing Address 14100 W Sunset Blvd	<b>Transaction ID:</b> SA11AI.4955
	City State Zip Code Pacific Palisades CA 90272	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Mako Group Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3000.00
<b>TOTAL</b> 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 / 38  
(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)  
Legacy Political Fund

**A.**

Full Name (Last, First, Middle Initial) Arthur Smith		Date of Receipt MM / DD / YYYY 04 / 29 / 2010
Mailing Address 5414 Montrose Dr		<b>Transaction ID:</b> SA11AI.4871
City Dallas	State TX	Zip Code 75209
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1700.00
Name of Employer Hillwood International Energy	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

**B.**

Full Name (Last, First, Middle Initial) Arthur Smith		Date of Receipt MM / DD / YYYY 05 / 19 / 2010
Mailing Address 5414 Montrose Dr		<b>Transaction ID:</b> SA11AI.4938
City Dallas	State TX	Zip Code 75209
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period -1700.00
Name of Employer Hillwood International Energy	Occupation Executive	Chargeback
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

**C.**

Full Name (Last, First, Middle Initial) Chuck J. Strehli		Date of Receipt MM / DD / YYYY 04 / 26 / 2010
Mailing Address 6111 Mountainclimb Dr		<b>Transaction ID:</b> SA11AI.4864
City Austin	State TX	Zip Code 78731
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1700.00
Name of Employer Self Employed	Occupation Consulting	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 38
	<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)  
Legacy Political Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Matthew Taylor	Date of Receipt MM / DD / YYYY 06 / 08 / 2010
	Mailing Address Po Box 2373 115 East Snow King Ave	<b>Transaction ID:</b> SA11AI.4932
	City Jackson State WY Zip Code 83001	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Friess Family Foundation Occupation Senior Advisor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1650.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Edward A. Terrill	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 7603 Jefferson Cir	<b>Transaction ID:</b> SA11AI.4874
	City Colleyville State TX Zip Code 76034	Amount of Each Receipt this Period 1700.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Terrill Advisory & Consulting Occupation Investments Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2050.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Peter Wahby	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 3620 Nandina Dr	<b>Transaction ID:</b> SA11AI.4876
	City Flower Mound State TX Zip Code 75022	Amount of Each Receipt this Period 850.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Greenberg Traurig, LLP Occupation Shareholder Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3550.00</b>
<b>TOTAL</b> 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 / 38  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Legacy Political Fund

**A.** Full Name (Last, First, Middle Initial)  
Ray Washburne

Mailing Address 1845 Woodall Rodgers Freeway  
Suite 1700

City State Zip Code  
Dallas TX 75201

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

Name of Employer Occupation  
Charter Holdings Investments

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.4879

Amount of Each Receipt this Period  
10000.00

Refunded \$5,700 on 5/7/20-10

**B.** Full Name (Last, First, Middle Initial)  
Tom Williams

Mailing Address 8111 Preston Rd  
Suite 715

City State Zip Code  
Dallas TX 75225

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

Name of Employer Occupation  
Self Investor

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 4 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.4869

Amount of Each Receipt this Period  
850.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Don Wills

Mailing Address 5949 Sherry Lane  
Ste 1225

City State Zip Code  
Dallas TX 75225

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

Name of Employer Occupation  
Self Investments

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 1 0

**Transaction ID:** SA11AI.4862

Amount of Each Receipt this Period  
1700.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 12550.00

**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: (check only one)	PAGE 20 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Legacy Political Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Don Wills		Date of Receipt
	Mailing Address 5949 Sherry Lane Ste 1225		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Dallas	TX	75225
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4872
Name of Employer Self		Occupation Investments	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 2550.00	Contribution
		<input type="text"/> 850.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Justin Yarborough		Date of Receipt
	Mailing Address 7575 Callaghan Rd #306		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	San Antonio	TX	78229
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4931
Name of Employer United States Marine Corps		Occupation Lieutenant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1000.00	Contribution
		<input type="text"/> 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ron Zazworsky		Date of Receipt
	Mailing Address 1230 Peachtree St, Suite 1900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Atlanta	GA	30309
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4945
Name of Employer Bluearc Capital		Occupation Investment Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 650.00	Contribution
		<input type="text"/> 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2350.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 63950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 38
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
Legacy Political Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) AMERICANS IN CONTACT PAC	Date of Receipt
	Mailing Address P.O. Box 204	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City State Zip Code Alexandria VA 22313	<b>Transaction ID:</b> SA11C.4881
	FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00455444"/>	Amount of Each Receipt this Period <input type="text" value="2000.00"/>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="2000.00"/>

**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 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)  
Legacy Political Fund

A.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.4904 Date of Disbursement
	Mailing Address PO Box 619612	<input type="text" value="05"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Dallas State TX Zip Code 75261-9612	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Airfare	<input type="text" value="471.40"/>
	Candidate Name	Category/Type
	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:	

B.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB21B.4848 Date of Disbursement
	Mailing Address 942 S Shady Grove Rd	<input type="text" value="04"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Memphis State TN Zip Code 38120-4117	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Shipping	<input type="text" value="24.44"/>
	Candidate Name	Category/Type
	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:	

C.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB21B.4900 Date of Disbursement
	Mailing Address 942 S Shady Grove Rd	<input type="text" value="05"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Memphis State TN Zip Code 38120-4117	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Shipping	<input type="text" value="11.36"/>
	Candidate Name	Category/Type
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="507.20"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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"/> 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)  
Legacy Political Fund

A.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SB21B.4925
	Mailing Address 942 S Shady Grove Rd	Date of Disbursement 06 / 23 / 2010
	City Memphis State TN Zip Code 38120-4117	Amount of Each Disbursement this Period 25.12
	Purpose of Disbursement PAC Shipping	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:	

B.	Full Name (Last, First, Middle Initial) Jamie King	Transaction ID: SB21B.4852
	Mailing Address 13805 Rustler Pass Ranch Rd	Date of Disbursement 04 / 26 / 2010
	City Roanoke State TX Zip Code 76262-4565	Amount of Each Disbursement this Period 3240.00
	Purpose of Disbursement PAC Fundraising Consulting	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:	

C.	Full Name (Last, First, Middle Initial) Jamie King	Transaction ID: SB21B.4910
	Mailing Address 13805 Rustler Pass Ranch Rd	Date of Disbursement 06 / 01 / 2010
	City Roanoke State TX Zip Code 76262-4565	Amount of Each Disbursement this Period 4050.00
	Purpose of Disbursement PAC Fundraising Consulting	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7315.12</b>
<b>TOTAL</b> 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"/> 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)  
Legacy Political Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jamie King</p> <p>Mailing Address 13805 Rustler Pass Ranch Rd</p> <p>City Roanoke State TX Zip Code 76262-4565</p> <p>Purpose of Disbursement PAC Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4926</p> <p>Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 3255.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Koch &amp; Hoos, LLC</p> <p>Mailing Address 901 N Washington Street Suite 102</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement PAC Accounting/Compliance Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4911</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Maelstrom Technology Solutions LLC</p> <p>Mailing Address 200 S Executive Dr Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement PAC Credit Card Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4887</p> <p>Date of Disbursement 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 399.50</p>

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

4654.50

**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"/> 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)  
Legacy Political Fund

**A.** Full Name (Last, First, Middle Initial)  
Maelstrom Technology Solutions LLC

Mailing Address 200 S Executive Dr  
Suite 101

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
PAC Credit Card Processing

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4987  
Date of Disbursement

05 / 31 / 2010

Amount of Each Disbursement this Period

1277.55

**B.** Full Name (Last, First, Middle Initial)  
Maelstrom Technology Solutions LLC

Mailing Address 200 S Executive Dr  
Suite 101

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
PAC IT Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4920  
Date of Disbursement

06 / 12 / 2010

Amount of Each Disbursement this Period

150.00

**C.** Full Name (Last, First, Middle Initial)  
Maelstrom Technology Solutions LLC

Mailing Address 200 S Executive Dr  
Suite 101

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
PAC Credit Card Processing

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4992  
Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

565.60

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

1993.15

**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)  
Legacy Political Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Laura Zandstra Murray</p> <p>Mailing Address 8610 Southwestern Blvd, Apt 1906</p> <p>City Dallas State TX Zip Code 75206</p> <p>Purpose of Disbursement PAC Administrative Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4917</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 180.75</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Postnet</p> <p>Mailing Address 1224 N Hwy 377, #303</p> <p>City Roanoke State TX Zip Code 76262</p> <p>Purpose of Disbursement Printing/Invitations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4919</p> <p>Date of Disbursement 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 326.16</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Postnet</p> <p>Mailing Address 1224 N Hwy 377, #303</p> <p>City Roanoke State TX Zip Code 76262</p> <p>Purpose of Disbursement Printing/Invitations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4922</p> <p>Date of Disbursement 06 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 62.22</p>

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

569.13

**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"/> 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)  
Legacy Political Fund

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Ritz Carlton</p> <p>Mailing Address PO Box 402642</p> <p>City Atlanta State GA Zip Code 30384</p> <p>Purpose of Disbursement PAC Event/Catering/Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4908</p> <p>Date of Disbursement 05 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 982.62</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Sage Payment Solutions</p> <p>Mailing Address 1750 Old Meadow Rd #300</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement PAC Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4924</p> <p>Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 675.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) SaveOn Conferences</p> <p>Mailing Address PO Box 404351</p> <p>City Atlanta State GA Zip Code 30384</p> <p>Purpose of Disbursement PAC Teleconferencing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4838</p> <p>Date of Disbursement 04 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 200.29</p>

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

1857.91

**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"/> 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)  
Legacy Political Fund

A.	Full Name (Last, First, Middle Initial) The Four Seasons Hotel	Transaction ID: SB21B.4842 Date of Disbursement
	Mailing Address 2800 Pennsylvania Ave, NW	<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Lodging	<input type="text" value="10000.00"/>
	Candidate Name	Category/Type
	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:	

B.	Full Name (Last, First, Middle Initial) The Four Seasons Hotel	Transaction ID: SB21B.4845 Date of Disbursement
	Mailing Address 2800 Pennsylvania Ave, NW	<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Lodging	<input type="text" value="10000.00"/>
	Candidate Name	Category/Type
	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:	

C.	Full Name (Last, First, Middle Initial) The Four Seasons Hotel	Transaction ID: SB21B.4846 Date of Disbursement
	Mailing Address 2800 Pennsylvania Ave, NW	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Lodging	<input type="text" value="4432.39"/>
	Candidate Name	Category/Type
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="24432.39"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 29 / 38

<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)  
Legacy Political Fund

A.

Full Name (Last, First, Middle Initial)  
The Four Seasons Hotel

Mailing Address 2800 Pennsylvania Ave, NW

City Washington State DC Zip Code 20007

Purpose of Disbursement  
PAC Lodging

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4847

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2010

Amount of Each Disbursement this Period

10000.00

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

10000.00

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

51329.40

**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 30 / 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
Legacy Political Fund

A.	Full Name (Last, First, Middle Initial) Barry Clark	Transaction ID: SB23.4961 Date of Disbursement 06 / 18 / 2010
	Mailing Address 9542 E Silent Hills Place	Amount of Each Disbursement this Period 2426.28
	City Lone Tree State CO Zip Code 80124	
	Purpose of Disbursement In-Kind: Event Expense/Dinner	
	Candidate Name JANE BERGMAN NORTON	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LEGACY VICTORY FUND	Transaction ID: SB23.5001 Date of Disbursement 06 / 10 / 2010
	Mailing Address 228 S WASHINGTON ST STE 115	Amount of Each Disbursement this Period 163.08
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement In Kind: See 6/10 disb. to PostNet on Line 21(b)	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) LEGACY VICTORY FUND	Transaction ID: SB23.5004 Date of Disbursement 06 / 14 / 2010
	Mailing Address 228 S WASHINGTON ST STE 115	Amount of Each Disbursement this Period 31.11
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement In Kind: See 6/14 disb. to PostNet on Line 21(b)	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2426.28
<b>TOTAL</b> This Period (last page this line number only) .....	2426.28

**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 31 / 38

<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 checked="" 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jennifer Alt  Mailing Address 401 Wilshire Blvd  City Santa Monica State CA Zip Code 90401  Purpose of Disbursement Refund Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB28A.4964 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0	Amount of Each Disbursement this Period 500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Stephen Arterburn  Mailing Address 820 W Spring Creek Pkwy, #400A  City Plano State TX Zip Code 75023  Purpose of Disbursement Refund Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB28A.4965 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0	Amount of Each Disbursement this Period 1700.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Anne R. Birdwell  Mailing Address 13111 Paradise Valley Dr  City Houston State TX Zip Code 77069  Purpose of Disbursement Refund Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB28A.4969 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0	Amount of Each Disbursement this Period 1250.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3450.00</b>
<b>TOTAL</b> 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 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 checked="" 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.	Full Name (Last, First, Middle Initial) Brad A. Birdwell	Transaction ID: SB28A.4971 Date of Disbursement 06 / 21 / 2010
	Mailing Address 17630 Lake Cypress Hill Dr	Amount of Each Disbursement this Period 1700.00
	City Cypress State TX Zip Code 77429	
	Purpose of Disbursement Refund	
	Candidate Name	Category/Type
	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:	

B.	Full Name (Last, First, Middle Initial) Gene R. Birdwell	Transaction ID: SB28A.4972 Date of Disbursement 06 / 21 / 2010
	Mailing Address 13111 Paradise Valley	Amount of Each Disbursement this Period 1250.00
	City Houston State TX Zip Code 77069	
	Purpose of Disbursement Refund	
	Candidate Name	Category/Type
	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:	

C.	Full Name (Last, First, Middle Initial) Jessica M. Birdwell	Transaction ID: SB28A.4970 Date of Disbursement 06 / 21 / 2010
	Mailing Address 17630 Lake Cypress Hill Dr	Amount of Each Disbursement this Period 1000.00
	City Cypress State TX Zip Code 77429	
	Purpose of Disbursement Refund	
	Candidate Name	Category/Type
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3950.00
<b>TOTAL</b> 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 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 checked="" 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Barry Clark</p> <p>Mailing Address 9542 E Silent Hills Place</p> <p>City Lone Tree State CO Zip Code 80124</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB28A.4973</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="850.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ted Cruz</p> <p>Mailing Address 3900 Bonnell Dr</p> <p>City Austin State TX Zip Code 78731</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB28A.4963</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1700.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Steve Daines</p> <p>Mailing Address 519 Oxford Drive</p> <p>City Bozeman State MT Zip Code 59715</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB28A.4974</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="850.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3400.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ted M. Eades <hr/> Mailing Address 4066 South Better Drive <hr/> City Dallas State TX Zip Code 75229 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB28A.4975 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0	Amount of Each Disbursement this Period 850.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Gill <hr/> Mailing Address PO Box 158838 <hr/> City Nashville State TN Zip Code 37215 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB28A.4976 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0	Amount of Each Disbursement this Period 2600.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Peb Jackson <hr/> Mailing Address 512 South Tejon Suite 200 <hr/> City Colorado Springs State CO Zip Code 80903 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB28A.4977 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0	Amount of Each Disbursement this Period 850.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4300.00
<b>TOTAL</b> 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 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 checked="" 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.	Full Name (Last, First, Middle Initial) Wilson G. Jones	Transaction ID: SB28A.4978 Date of Disbursement 06 / 21 / 2010
	Mailing Address 3418 Harvard Ave.	Amount of Each Disbursement this Period 1700.00
	City Dallas State TX Zip Code 75205	
	Purpose of Disbursement Refund	
	Candidate Name	Category/Type
	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:	

B.	Full Name (Last, First, Middle Initial) Steve Kirby	Transaction ID: SB28A.4996 Date of Disbursement 04 / 28 / 2010
	Mailing Address 24 Riverview Heights	Amount of Each Disbursement this Period 350.00
	City Sioux Falls State SD Zip Code 57104	
	Purpose of Disbursement Refund	
	Candidate Name	Category/Type
	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:	

C.	Full Name (Last, First, Middle Initial) Steve Kirby	Transaction ID: SB28A.4979 Date of Disbursement 06 / 21 / 2010
	Mailing Address 24 Riverview Heights	Amount of Each Disbursement this Period 850.00
	City Sioux Falls State SD Zip Code 57104	
	Purpose of Disbursement Refund	
	Candidate Name	Category/Type
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2900.00
<b>TOTAL</b> 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 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 checked="" 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.	Full Name (Last, First, Middle Initial) George Seay III	Transaction ID: SB28A.4837 Date of Disbursement 04 / 06 / 2010
	Mailing Address 325 North Saint Paul Suite 3500 Suite 3500	Amount of Each Disbursement this Period 700.00
	City Dallas State TX Zip Code 75201	
	Purpose of Disbursement Refund	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chuck J. Strehli	Transaction ID: SB28A.4980 Date of Disbursement 06 / 21 / 2010
	Mailing Address 6111 Mountainclimb Dr	Amount of Each Disbursement this Period 1700.00
	City Austin State TX Zip Code 78731	
	Purpose of Disbursement Refund	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Matthew Taylor	Transaction ID: SB28A.4981 Date of Disbursement 06 / 21 / 2010
	Mailing Address Po Box 2373 115 East Snow King Ave	Amount of Each Disbursement this Period 500.00
	City Jackson State WY Zip Code 83001	
	Purpose of Disbursement Refund	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2900.00
<b>TOTAL</b> 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 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 checked="" 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steve Taylor  Mailing Address 515 Santa Paula Dr  City Salinas State CA Zip Code 93901  Purpose of Disbursement Refund Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.4982 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0  Amount of Each Disbursement this Period 1700.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Edward A. Terrill  Mailing Address 7603 Jefferson Cir  City Colleyville State TX Zip Code 76034  Purpose of Disbursement Refund Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.4983 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0  Amount of Each Disbursement this Period 1700.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Peter Wahby  Mailing Address 3620 Nandina Dr  City Flower Mound State TX Zip Code 75022  Purpose of Disbursement Refund Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.4984 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0  Amount of Each Disbursement this Period 850.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4250.00
<b>TOTAL</b> 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 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 checked="" 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ray Washburne</p> <p>Mailing Address 1845 Woodall Rodgers Freeway Suite 1700</p> <p>City Dallas State TX Zip Code 75201</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB28A.4892</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 5700.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tom Williams</p> <p>Mailing Address 8111 Preston Rd Suite 715</p> <p>City Dallas State TX Zip Code 75225</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB28A.4985</p> <p>Date of Disbursement 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 850.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Don Wills</p> <p>Mailing Address 5949 Sherry Lane Ste 1225</p> <p>City Dallas State TX Zip Code 75225</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB28A.4986</p> <p>Date of Disbursement 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2550.00</p>

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

9100.00

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

34250.00