

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Legacy Political Fund

ADDRESS (number and street) PO Box 77076

Check if different than previously reported. (ACC) Fort Worth TX 76177

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 Year-End 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 M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2013 through 06 / 30 / 2013

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 Steve Taylor [Electronically Filed] Date 07 / 31 / 2013

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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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2013"/>		28735.93
(b) Cash on Hand at Beginning of Reporting Period.....	28735.93	
(c) Total Receipts (from Line 19) .....	56575.00	56575.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	85310.93	85310.93
7. Total Disbursements (from Line 31).....	76681.64	76681.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	8629.29	8629.29
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) .....	58097.21	

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:  /  /  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).....	5500.00	5500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5500.00	5500.00
(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) .....	5500.00	5500.00
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.).....	51075.00	51075.00
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))..... ▶	56575.00	56575.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	56575.00	56575.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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 .....	36833.71	36833.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	36833.71	36833.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	378.88	378.88
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	39469.05	39469.05
30. Federal Election Activity (2 U.S.C. §431(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)) ..	76681.64	76681.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76681.64	76681.64

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5500.00	5500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5500.00	5500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	36833.71	36833.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	36833.71	36833.71

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

Full Name (Last, First, Middle Initial) <b>A. George Seay III</b>		Date of Receipt MM / DD / YYYY 02 / 12 / 2013
Mailing Address 325 North Saint Paul St Suite 3500		<b>Transaction ID : SA11AI.6368</b>
City Dallas	State TX	Zip Code 75201
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 5000.00
Name of Employer Annandale Capital LLC	Occupation Chairman	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. David C. Walker</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2013
Mailing Address 2000 S Colorado Blvd Tower 2, Ste 700		<b>Transaction ID : SA11AI.6519</b>
City Denver	State CO	Zip Code 80222
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Brown Berardini & Dunning	Occupation Partner	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 47
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Legacy Political Fund**

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

Mailing Address 10 Oaklawn Dr

City Houston State TX Zip Code 77024

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 ▼ 3500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : SA17.6491**

Amount of Each Receipt this Period  
 3500.00

Non-Contribution Account Contribution

**B. Birdwell Properties LP**  
Full Name (Last, First, Middle Initial)

Mailing Address 9977 W Sam Houston Pkwy, Suite 100

City Houston State TX Zip Code 77084

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : SA17.6545**

Amount of Each Receipt this Period  
 5000.00

Non-Contribution Account Contribution

**C. Ellen Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1861 Runnymede Rd

City Winston Salem State NC Zip Code 27104

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 ▼ 2900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2013  
**Transaction ID : SA17.6654**

Amount of Each Receipt this Period  
 2900.00

Non-Contribution Account Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11400.00
<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 8 OF 47
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Legacy Political Fund**

**A. Patrick J. Davis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5160 Hearthstone Ln  
City Colorado Springs State CO Zip Code 80919  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Patrick Davis Consulting, LLC Occupation Consulting  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 31 / 2013**  
**Transaction ID : SA17.6548**  
Amount of Each Receipt this Period **500.00**  
Non-Contribution Account Contribution

**B. Erin DeLullo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 815 King St, Ste 308  
City Alexandria State VA Zip Code 22314  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DeLullo LLC Occupation Owner  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **05 / 29 / 2013**  
**Transaction ID : SA17.6568**  
Amount of Each Receipt this Period **350.00**  
Non-Contribution Account Contribution

**C. Ted M. Eades**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4066 South Better Dr  
City Dallas State TX Zip Code 75229  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ACE Cash Express. Inc. Occupation Senior VP & General Counsel  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **06 / 19 / 2013**  
**Transaction ID : SA17.6659**  
Amount of Each Receipt this Period **750.00**  
Non-Contribution Account Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **1600.00**  
**TOTAL** This Period (last page this line number only).....



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

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

FOR LINE NUMBER: PAGE 9 OF 47  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Legacy Political Fund**

Full Name (Last, First, Middle Initial)  
**A. Billy R. Eddleman**

Mailing Address 4761 West Bay Blvd.  
Unit 2003

City Estero State FL Zip Code 33928

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

Name of Employer Eddleman Investments, LLC Occupation Investments

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2013  
**Transaction ID : SA17.6489**

Amount of Each Receipt this Period  
3000.00

Non-Contribution Account Contribution

Full Name (Last, First, Middle Initial)  
**B. Leshia Eisenbrook**

Mailing Address 3 Pine Crescent Ct

City Houston State TX Zip Code 77024

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

Name of Employer Self Employed Occupation Not Provided

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2013  
**Transaction ID : SA17.6389**

Amount of Each Receipt this Period  
1000.00

Non-Contribution Account Contribution

Full Name (Last, First, Middle Initial)  
**C. Robert K. Fischer**

Mailing Address 4275 Sturgis Rd

City Rapid City State SD Zip Code 57702

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

Name of Employer Fischer Furniture Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2013  
**Transaction ID : SA17.6665**

Amount of Each Receipt this Period  
500.00

Non-Contribution Account Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4500.00

**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 10 OF 47
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Legacy Political Fund**

**A. Laura Getty**  
Full Name (Last, First, Middle Initial)

Mailing Address 3270 York Street

City Manchester State MD Zip Code 21102

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

Name of Employer Compass Marketing Inc. Occupation Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
06 / 19 / 2013  
**Transaction ID : SA17.6663**

Amount of Each Receipt this Period  
225.00

Non-Contribution Account Contribution

**B. Joshua R. Good**  
Full Name (Last, First, Middle Initial)

Mailing Address 1516 D Street, NE

City Washington State DC Zip Code 20002

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

Name of Employer ICF International Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 14 / 2013  
**Transaction ID : SA17.6621**

Amount of Each Receipt this Period  
500.00

Non-Contribution Account Contribution

**C. Kristan Hawkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 9255 Center Street

City Manassas State VA Zip Code 20110

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

Name of Employer Students for Life of America Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
05 / 08 / 2013  
**Transaction ID : SA17.6513**

Amount of Each Receipt this Period  
700.00

Non-Contribution Account Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1425.00

**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 11 OF 47
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Legacy Political Fund**

Full Name (Last, First, Middle Initial) <b>A. Timothy A. Koch</b>		Date of Receipt MM / DD / YYYY 06 / 14 / 2013 <b>Transaction ID : SA17.6622</b>
Mailing Address 901 N Washington St, Suite 700		Amount of Each Receipt this Period 250.00
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		Non-Contribution Account Contribution
Name of Employer Koch & Hoos LLC	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Peter J. Kubasek</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : SA17.6504</b>
Mailing Address 10917 Shadow Glen Drive		Amount of Each Receipt this Period 2500.00
City Loveland	State OH	Zip Code 45140
FEC ID number of contributing federal political committee. C		Non-Contribution Account Contribution
Name of Employer The Malibu Group	Occupation M&A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Peter J. Kubasek</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2013 <b>Transaction ID : SA17.6650</b>
Mailing Address 10917 Shadow Glen Drive		Amount of Each Receipt this Period 250.00
City Loveland	State OH	Zip Code 45140
FEC ID number of contributing federal political committee. C		Non-Contribution Account Contribution
Name of Employer The Malibu Group	Occupation M&A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

<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: (check only one)	PAGE 12 OF 47
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Legacy Political Fund**

**A. Hal Lambert**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1420 Thomas Place  
City Fort Worth State TX Zip Code 76107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Credit Suisse Occupation Banking  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **05 / 02 / 2013**  
**Transaction ID : SA17.6508**  
Amount of Each Receipt this Period **750.00**  
Non-Contribution Account Contribution

**B. Mary Kay Inc.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16251 N Dallas Pkwy  
City Addison State TX Zip Code 75001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **05 / 31 / 2013**  
**Transaction ID : SA17.6543**  
Amount of Each Receipt this Period **5000.00**  
Non-Contribution Account Contribution

**C. Brad Miller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5512 Rose Ridge Ln  
City Colorado Springs State CO Zip Code 80917  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CitizenLink Occupation Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 21 / 2013**  
**Transaction ID : SA17.6652**  
Amount of Each Receipt this Period **500.00**  
Non-Contribution Account Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **6250.00**  
**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 OF 47
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Legacy Political Fund**

**A. Alex R. O'Brien**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3230 E. Virginia Ave.  
 City Denver State CO Zip Code 80209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardinal Group Management Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt **04 / 16 / 2013**  
**Transaction ID : SA17.6501**  
 Amount of Each Receipt this Period **700.00**  
 Non-Contribution Account Contribution

**B. George Seay III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 North Saint Paul St Suite 3500  
 City Dallas State TX Zip Code 75201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Annandale Capital LLC Occupation Chairman  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **6000.00**

Date of Receipt **02 / 12 / 2013**  
**Transaction ID : SA17.6391**  
 Amount of Each Receipt this Period **1000.00**  
 Non-Contribution Account Contribution

**C. George Seay III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 North Saint Paul St Suite 3500  
 City Dallas State TX Zip Code 75201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Annandale Capital LLC Occupation Chairman  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **16000.00**

Date of Receipt **06 / 06 / 2013**  
**Transaction ID : SA17.6681**  
 Amount of Each Receipt this Period **10000.00**  
 In-kind: Non-Contribution Acct - PAC Event Expense/Reception/Food & Bev./AV Support

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>11700.00</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: (check only one)	PAGE 14 OF 47
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Legacy Political Fund**

Full Name (Last, First, Middle Initial) <b>A. Zeke Swift</b>		Date of Receipt
Mailing Address 7281 Treeridge Dr		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Cincinnati	OH	42544
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA17.6564</b>
Common Sense	President	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼		Non-Contribution Account Contribution

Full Name (Last, First, Middle Initial) <b>B. Christian Taylor</b>		Date of Receipt
Mailing Address 515 Santa Paula Dr		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Salinas	CA	93901
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA17.6547</b>
ARC Solutions	CEO	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼		Non-Contribution Account Contribution

Full Name (Last, First, Middle Initial) <b>C. Steve Taylor</b>		Date of Receipt
Mailing Address 515 Santa Paula Dr		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City	State	Zip Code
Salinas	CA	93901
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA17.6497</b>
Veritas V	Retired CEO	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	<input type="text" value="1500.00"/>
<input type="checkbox"/> Other (specify) ▼		Non-Contribution Account Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2500.00"/>
<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: (check only one)	PAGE 15 OF 47
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Legacy Political Fund**

**A. Peter S. Wahby**  
Full Name (Last, First, Middle Initial)

Mailing Address 1216 Costa Azul Ct

City Southlake State TX Zip Code 76092

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

Name of Employer Greenberg Traurig, LLP Occupation Shareholder

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 19 / 2013**

**Transaction ID : SA17.6661**

Amount of Each Receipt this Period  
**750.00**

Non-Contribution Account Contribution

**B. Chris Walker**  
Full Name (Last, First, Middle Initial)

Mailing Address 3704 Auburn Ln

City Nashville State TN Zip Code 37215

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

Name of Employer 2nd Vote Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2013**

**Transaction ID : SA17.6566**

Amount of Each Receipt this Period  
**350.00**

Non-Contribution Account Contribution

**C. David C. Walker**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 S Colorado Blvd  
Tower 2, Ste 700

City Denver State CO Zip Code 80222

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

Name of Employer Brown Berardini & Dunning Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2013**

**Transaction ID : SA17.6569**

Amount of Each Receipt this Period  
**700.00**

Non-Contribution Account Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1800.00</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: (check only one)	PAGE 16 OF 47
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Legacy Political Fund**

Full Name (Last, First, Middle Initial) <b>A. Michael Watson</b>		Date of Receipt MM / DD / YYYY 05 / 07 / 2013 <b>Transaction ID : SA17.6509</b>
Mailing Address 2331 Worthington St		Amount of Each Receipt this Period 750.00
City Dallas	State TX	Zip Code 75204
FEC ID number of contributing federal political committee. C		Non-Contribution Account Contribution
Name of Employer Carlson Capital, LP	Occupation Partner & Portfolio Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Robert B. Watson</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 <b>Transaction ID : SA17.6388</b>
Mailing Address 1225 17th Street #1860		Amount of Each Receipt this Period 1000.00
City Denver	State CO	Zip Code 80202
FEC ID number of contributing federal political committee. C		Non-Contribution Account Contribution
Name of Employer Northstar Commercial Partners	Occupation Founder/President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Stacy Wilkison</b>		Date of Receipt MM / DD / YYYY 05 / 01 / 2013 <b>Transaction ID : SA17.6506</b>
Mailing Address 557 W Dana Lane		Amount of Each Receipt this Period 2200.00
City Houston	State TX	Zip Code 77024
FEC ID number of contributing federal political committee. C		Non-Contribution Account Contribution
Name of Employer Not Applicable	Occupation Volunteer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3950.00
<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 OF 47  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Legacy Political Fund**

Full Name (Last, First, Middle Initial)  
**A. 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  
WillMax Capital Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 15 / 2013  
**Transaction ID : SA17.6570**

Amount of Each Receipt this Period  
750.00

Non-Contribution Account Contribution

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

Mailing Address 5949 Sherry Ln, Ste 1225

City State Zip Code  
Dallas TX 75225

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

Name of Employer Occupation  
Self Employed Investments

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 02 / 2013  
**Transaction ID : SA17.6495**

Amount of Each Receipt this Period  
2000.00

Non-Contribution Account Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2750.00

**TOTAL** This Period (last page this line number only)..... ▶ 50875.00

# 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**

Full Name (Last, First, Middle Initial)

### A. Constant Contact

Mailing Address Reservoir Place  
1601 Trapelo Road

City Waltham State MA Zip Code 02451

Purpose of Disbursement  
PAC Email Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2013

Transaction ID : SB21B.6380

Amount of Each Disbursement this Period

69.29

Full Name (Last, First, Middle Initial)

### B. Constant Contact

Mailing Address Reservoir Place  
1601 Trapelo Road

City Waltham State MA Zip Code 02451

Purpose of Disbursement  
PAC Email Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 20 / 2013

Transaction ID : SB21B.6430

Amount of Each Disbursement this Period

69.29

Full Name (Last, First, Middle Initial)

### C. Constant Contact

Mailing Address Reservoir Place  
1601 Trapelo Road

City Waltham State MA Zip Code 02451

Purpose of Disbursement  
PAC Email Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2013

Transaction ID : SB21B.6536

Amount of Each Disbursement this Period

69.29

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

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

207.87

**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**

Full Name (Last, First, Middle Initial)

**A. Constant Contact**

Mailing Address Reservoir Place  
1601 Trapelo Road

City Waltham State MA Zip Code 02451

Purpose of Disbursement  
PAC Email Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2013

**Transaction ID : SB21B.6627**

Amount of Each Disbursement this Period

69.29

Full Name (Last, First, Middle Initial)

**B. FedEx**

Mailing Address 942 S Shady Grove Rd

City Memphis State TN Zip Code 38120-4117

Purpose of Disbursement  
PAC Shipping

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2013

**Transaction ID : SB21B.6556**

Amount of Each Disbursement this Period

52.26

Full Name (Last, First, Middle Initial)

**C. FedEx Office - Boston**

Mailing Address 187 Dartmouth St

City Boston State MA Zip Code 02116

Purpose of Disbursement  
PAC Printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2013

**Transaction ID : SB21B.6613**

Amount of Each Disbursement this Period

399.50

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

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

521.05

**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**

Full Name (Last, First, Middle Initial)

**A. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
PAC Software

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2013

**Transaction ID : SB21B.6358**

Amount of Each Disbursement this Period

458.33

Full Name (Last, First, Middle Initial)

**B. JetBlue**

Mailing Address 1212 New York Ave NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2013

**Transaction ID : SB21B.6534**

Amount of Each Disbursement this Period

137.00

Full Name (Last, First, Middle Initial)

**C. JetBlue**

Mailing Address 1212 New York Ave NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2013

**Transaction ID : SB21B.6589**

Amount of Each Disbursement this Period

40.00

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

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

635.33

**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**

Full Name (Last, First, Middle Initial)

**A. JetBlue**

Mailing Address 1212 New York Ave NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.6581**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Jamie King**

Mailing Address 106 Panorama Ct

City Trophy Club State TX Zip Code 76262

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.6310**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Jamie King**

Mailing Address 106 Panorama Ct

City Trophy Club State TX Zip Code 76262

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.6324**

Amount of Each Disbursement this Period

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

**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**

Full Name (Last, First, Middle Initial)

**A. Jamie King**

Mailing Address 106 Panorama Ct

City Trophy Club State TX Zip Code 76262

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2013

Transaction ID : **SB21B.6327**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Jamie King**

Mailing Address 106 Panorama Ct

City Trophy Club State TX Zip Code 76262

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2013

Transaction ID : **SB21B.6370**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Jamie King**

Mailing Address 106 Panorama Ct

City Trophy Club State TX Zip Code 76262

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2013

Transaction ID : **SB21B.6371**

Amount of Each Disbursement this Period

2000.00

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

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

6000.00

**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**

Full Name (Last, First, Middle Initial)  
**A. Jamie King**

Date of Disbursement: MM / DD / YYYY  
04 / 11 / 2013

Mailing Address 106 Panorama Ct

City Trophy Club State TX Zip Code 76262

Purpose of Disbursement PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.6432**

Amount of Each Disbursement this Period: 2000.00

Full Name (Last, First, Middle Initial)  
**B. Jamie King**

Date of Disbursement: MM / DD / YYYY  
04 / 22 / 2013

Mailing Address 106 Panorama Ct

City Trophy Club State TX Zip Code 76262

Purpose of Disbursement PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.6433**

Amount of Each Disbursement this Period: 2000.00

Full Name (Last, First, Middle Initial)  
**C. Jamie King**

Date of Disbursement: MM / DD / YYYY  
04 / 22 / 2013

Mailing Address 106 Panorama Ct

City Trophy Club State TX Zip Code 76262

Purpose of Disbursement Reimbursement: See Memo

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.6434**

Amount of Each Disbursement this Period: 454.60

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4454.60

**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**

Full Name (Last, First, Middle Initial)

**A. JetBlue**

Mailing Address 1212 New York Ave NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2013

Transaction ID : **SB21B.6434.0**

Amount of Each Disbursement this Period

454.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Jamie King**

Mailing Address 106 Panorama Ct

City Trophy Club State TX Zip Code 76262

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2013

Transaction ID : **SB21B.6518**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Jamie King**

Mailing Address 106 Panorama Ct

City Trophy Club State TX Zip Code 76262

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2013

Transaction ID : **SB21B.6521**

Amount of Each Disbursement this Period

2000.00

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

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

4000.00



# 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**

Full Name (Last, First, Middle Initial)

### A. Koch & Hoos, LLC

Mailing Address 901 N Washington St, Ste 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
PAC Accounting/Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2013

Transaction ID : SB21B.6379

Amount of Each Disbursement this Period

1500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

### B. Koch & Hoos, LLC

Mailing Address 901 N Washington St, Ste 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
PAC Accounting/Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2013

Transaction ID : SB21B.6431

Amount of Each Disbursement this Period

750.00

Category/  
Type

Full Name (Last, First, Middle Initial)

### C. Koch & Hoos, LLC

Mailing Address 901 N Washington St, Ste 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
PAC Accounting/Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2013

Transaction ID : SB21B.6560

Amount of Each Disbursement this Period

750.00

Category/  
Type

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

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

3000.00

**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**

Full Name (Last, First, Middle Initial)  
**A. Koch & Hoos, LLC**

Mailing Address 901 N Washington St, Ste 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
PAC Accounting/Compliance Services

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 24 / 2013

Transaction ID : **SB21B.6667**

Amount of Each Disbursement this Period  
750.00

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

Mailing Address 200 S Executive Dr, Ste 101

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
PAC Credit Card Processing

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 08 / 2013

Transaction ID : **SB21B.6369**

Amount of Each Disbursement this Period  
252.80

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

Mailing Address 200 S Executive Dr, Ste 101

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
PAC Web Hosting

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 08 / 2013

Transaction ID : **SB21B.6372**

Amount of Each Disbursement this Period  
10.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1012.80

**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**

Full Name (Last, First, Middle Initial)

**A. Maelstrom Technology Solutions LLC**

Mailing Address 200 S Executive Dr, Ste 101

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
PAC Web Hosting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2013

**Transaction ID : SB21B.6423**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Maelstrom Technology Solutions LLC**

Mailing Address 200 S Executive Dr, Ste 101

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
PAC Web Hosting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2013

**Transaction ID : SB21B.6479**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Maelstrom Technology Solutions LLC**

Mailing Address 200 S Executive Dr, Ste 101

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
PAC Web Hosting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2013

**Transaction ID : SB21B.6610**

Amount of Each Disbursement this Period

10.00

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

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

30.00

**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**

Full Name (Last, First, Middle Initial)

**A. Newseum**

Mailing Address 555 Pennsylvania Ave NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
PAC Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2013

**Transaction ID : SB21B.6603**

Amount of Each Disbursement this Period

65.08

Full Name (Last, First, Middle Initial)

**B. Newseum**

Mailing Address 555 Pennsylvania Ave NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
PAC Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2013

**Transaction ID : SB21B.6604**

Amount of Each Disbursement this Period

66.11

Full Name (Last, First, Middle Initial)

**C. Potbellys - Washington, DC**

Mailing Address 1299 Pennsylvania Ave NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
PAC Food & Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2013

**Transaction ID : SB21B.6612**

Amount of Each Disbursement this Period

231.29

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

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

362.48

**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**

Full Name (Last, First, Middle Initial)

**A. Ring Central Inc.**

Mailing Address 999 Baker Way, 5th Fl

City San Mateo State CA Zip Code 94404

Purpose of Disbursement  
PAC Teleconferencing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2013

**Transaction ID : SB21B.6580**

Amount of Each Disbursement this Period

36.89

Full Name (Last, First, Middle Initial)

**B. Savoya LLC**

Mailing Address 1845 Woodall Rodgers Freeway

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
PAC Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B.6421**

Amount of Each Disbursement this Period

970.29

Full Name (Last, First, Middle Initial)

**C. Savoya LLC**

Mailing Address 1845 Woodall Rodgers Freeway

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
PAC Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B.6422**

Amount of Each Disbursement this Period

127.49

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

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

1134.67

**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**

Full Name (Last, First, Middle Initial)

**A. Savoya LLC**

Mailing Address 1845 Woodall Rodgers Freeway

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
PAC Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : SB21B.6586**

Amount of Each Disbursement this Period

220.99

Full Name (Last, First, Middle Initial)

**B. Southwest Airlines**

Mailing Address PO Box 36647-1CR

City Dallas State TX Zip Code 75235

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2013

**Transaction ID : SB21B.6375**

Amount of Each Disbursement this Period

152.30

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address 200 N Kimball Ave, Ste 221

City Southlake State TX Zip Code 76092

Purpose of Disbursement  
PAC Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2013

**Transaction ID : SB21B.6428**

Amount of Each Disbursement this Period

57.36

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

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

430.65

**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**

Full Name (Last, First, Middle Initial)

**A. Steve Taylor**

Mailing Address 515 Santa Paula Dr

City Salinas State CA Zip Code 93901

Purpose of Disbursement  
PAC Travel Reimbursement: See Memos

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2013

**Transaction ID : SB21B.6328**

Amount of Each Disbursement this Period

1670.99

Full Name (Last, First, Middle Initial)

**B. SFO Parking Management**

Mailing Address PO Box 8097

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
PAC Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 28 / 2013

**Transaction ID : SB21B.6328.2**

Amount of Each Disbursement this Period

180.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. United Airlines, Inc.**

Mailing Address 77 West Wacker Dr

City Chicago State IL Zip Code 60601

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 10 / 2013

**Transaction ID : SB21B.6328.6**

Amount of Each Disbursement this Period

438.90

**[MEMO ITEM]**

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

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

1670.99

**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**

Full Name (Last, First, Middle Initial)

**A. United Airlines, Inc.**

Mailing Address 77 West Wacker Dr

City Chicago State IL Zip Code 60601

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2013

Transaction ID : SB21B.6328.7

Amount of Each Disbursement this Period

368.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. United Airlines, Inc.**

Mailing Address 77 West Wacker Dr

City Chicago State IL Zip Code 60601

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 17 / 2013

Transaction ID : SB21B.6328.8

Amount of Each Disbursement this Period

124.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. L'Enfant Plaza Hotel**

Mailing Address 408 L'Enfant Plaza SW

City Washington State DC Zip Code 20024

Purpose of Disbursement  
PAC Lodging

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 25 / 2013

Transaction ID : SB21B.6328.9

Amount of Each Disbursement this Period

440.33

[MEMO ITEM]

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

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

0.00



**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**

Full Name (Last, First, Middle Initial)

**A. Steve Taylor**

Mailing Address 515 Santa Paula Dr

City Salinas State CA Zip Code 93901

Purpose of Disbursement  
PAC Travel Reimbursement: See Memos

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B.6329**

Amount of Each Disbursement this Period

1	5	5	0	3
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Full Name (Last, First, Middle Initial)

**B. United Airlines, Inc.**

Mailing Address 77 West Wacker Dr

City Chicago State IL Zip Code 60601

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B.6329.1**

Amount of Each Disbursement this Period

3	0	0	6	0
---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. United Airlines, Inc.**

Mailing Address 77 West Wacker Dr

City Chicago State IL Zip Code 60601

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B.6329.2**

Amount of Each Disbursement this Period

2	6	8	8	0
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**[MEMO ITEM]**

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

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

1	5	5	0	3
---	---	---	---	---

1	5	5	0	3
---	---	---	---	---

**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**

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

Date of Disbursement  
MM / DD / YYYY  
01 / 16 / 2013

Mailing Address 77 West Wacker Dr

City Chicago State IL Zip Code 60601

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.6329.3**

Amount of Each Disbursement this Period  
389.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. L'Enfant Plaza Hotel**

Date of Disbursement  
MM / DD / YYYY  
12 / 12 / 2012

Mailing Address 408 L'Enfant Plaza SW

City Washington State DC Zip Code 20024

Purpose of Disbursement  
PAC Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.6329.4**

Amount of Each Disbursement this Period  
238.98

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. L'Enfant Plaza Hotel**

Date of Disbursement  
MM / DD / YYYY  
01 / 16 / 2013

Mailing Address 408 L'Enfant Plaza SW

City Washington State DC Zip Code 20024

Purpose of Disbursement  
PAC Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.6329.5**

Amount of Each Disbursement this Period  
58.85

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. Steve Taylor**

Mailing Address 515 Santa Paula Dr

City Salinas State CA Zip Code 93901

Purpose of Disbursement  
Reimbursement: See Memos

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 18 / 2013

**Transaction ID : SB21B.6439**

Amount of Each Disbursement this Period

823.43

Full Name (Last, First, Middle Initial)

**B. United Airlines, Inc.**

Mailing Address 77 West Wacker Dr

City Chicago State IL Zip Code 60601

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 03 / 2013

**Transaction ID : SB21B.6439.0**

Amount of Each Disbursement this Period

206.80

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. United Airlines, Inc.**

Mailing Address 77 West Wacker Dr

City Chicago State IL Zip Code 60601

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 04 / 2013

**Transaction ID : SB21B.6439.1**

Amount of Each Disbursement this Period

283.30

**[MEMO ITEM]**

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

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

823.43

**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**

Full Name (Last, First, Middle Initial)

**A. SFO Parking Management**

Mailing Address PO Box 8097

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
PAC Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

**Transaction ID : SB21B.6439.4**

Amount of Each Disbursement this Period

72.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Steve Taylor**

Mailing Address 515 Santa Paula Dr

City Salinas State CA Zip Code 93901

Purpose of Disbursement  
Reimbursement: See Memos

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2013

**Transaction ID : SB21B.6440**

Amount of Each Disbursement this Period

553.67

Full Name (Last, First, Middle Initial)

**C. Southwest Airlines**

Mailing Address PO Box 36647-1CR

City Dallas State TX Zip Code 75235

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2013

**Transaction ID : SB21B.6440.0**

Amount of Each Disbursement this Period

142.30

[MEMO ITEM]

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

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

553.67

**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**

Full Name (Last, First, Middle Initial)

**A. Southwest Airlines**

Mailing Address PO Box 36647-1CR

City State Zip Code  
Dallas TX 75235

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2013

**Transaction ID : SB21B.6440.1**

Amount of Each Disbursement this Period

84.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Southwest Airlines**

Mailing Address PO Box 36647-1CR

City State Zip Code  
Dallas TX 75235

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2013

**Transaction ID : SB21B.6440.7**

Amount of Each Disbursement this Period

128.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. The Recognition Source**

Mailing Address 3109 E Randol Mill Rd

City State Zip Code  
Arlington VA 76011

Purpose of Disbursement  
PAC Awards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2013

**Transaction ID : SB21B.6554**

Amount of Each Disbursement this Period

265.00

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

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

265.00

**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**

Full Name (Last, First, Middle Initial)

**A. The Recognition Source**

Mailing Address 3109 E Randol Mill Rd

City State Zip Code  
Arlington VA 76011

Purpose of Disbursement  
PAC Shipping

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2013

Transaction ID : **SB21B.6559**

Amount of Each Disbursement this Period

66.33
-------

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 2400 Westport Pkwy, Suite 200

City State Zip Code  
Fort Worth TX 76177

Purpose of Disbursement  
PAC PO Box Renewal

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2013

Transaction ID : **SB21B.6473**

Amount of Each Disbursement this Period

260.00
--------

Full Name (Last, First, Middle Initial)

**C. Valentine Direct Marketing LLC**

Mailing Address 5415 Maple Ave, Suite 230

City State Zip Code  
Dallas TX 75235

Purpose of Disbursement  
PAC Printing/Postage Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2013

Transaction ID : **SB21B.6309**

Amount of Each Disbursement this Period

900.82
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1227.15
---------

33929.72
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**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 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**

Full Name (Last, First, Middle Initial)

**A. Alexander's Fine Portrait Design**

Mailing Address 312 Birdsall St

City Houston State TX Zip Code 77007

Purpose of Disbursement  
In Kind: Photography

Candidate Name  
**TIMOTHY E SCOTT**

Office Sought:  House  
 Senate  
 President  
State: SC District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2013

**Transaction ID : SB23.6400**

Amount of Each Disbursement this Period

378.88

**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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

378.88

378.88

**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 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**

Full Name (Last, First, Middle Initial)

**A. Evelyn J. Burke**

Mailing Address 830 Herbert Springs Rd

City Alexandria State VA Zip Code 22308

Purpose of Disbursement  
Non-Contribution Acct: Event Support Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 21 / 2013

**Transaction ID : SB29.6576**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Capitol Production Company**

Mailing Address PO Box 14580

City Washington State DC Zip Code 20044

Purpose of Disbursement  
Non-Contribution Acct: Event Expense/Tickets

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 02 / 2013

**Transaction ID : SB29.6467**

Amount of Each Disbursement this Period

1155.00

Full Name (Last, First, Middle Initial)

**C. Julia DiBenedetto**

Mailing Address 1216 Vinita Ln

City McLean State VA Zip Code 22102

Purpose of Disbursement  
Non-Contribution Acct: Event Support Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 21 / 2013

**Transaction ID : SB29.6574**

Amount of Each Disbursement this Period

300.00

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

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

1755.00



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

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NAME OF COMMITTEE (In Full)  
**Legacy Political Fund**

Full Name (Last, First, Middle Initial)

**A. International Spy Museum**

Mailing Address 800 F St NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Non-Contribution Acct: Tickets

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 29 / 2013

**Transaction ID : SB29.6537**

Amount of Each Disbursement this Period

555.00

Full Name (Last, First, Middle Initial)

**B. Jamie King**

Mailing Address 106 Panorama Ct

City Trophy Club State TX Zip Code 76262

Purpose of Disbursement  
Non-Contribution Acct: Event Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 12 / 2013

**Transaction ID : SB29.6573**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Jamie King**

Mailing Address 106 Panorama Ct

City Trophy Club State TX Zip Code 76262

Purpose of Disbursement  
Non-Contribution Acct: Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 28 / 2013

**Transaction ID : SB29.6623**

Amount of Each Disbursement this Period

2000.00

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

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

4555.00

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

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NAME OF COMMITTEE (In Full)  
**Legacy Political Fund**

Full Name (Last, First, Middle Initial)

**A. Maelstrom Technology Solutions LLC**

Mailing Address 200 S Executive Dr, Ste 101

City State Zip Code  
Brookfield WI 53005

Purpose of Disbursement  
Non-Contribution Acct: Credit Card Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
06 / 21 / 2013

**Transaction ID : SB29.6671**

Amount of Each Disbursement this Period

28.70

Full Name (Last, First, Middle Initial)

**B. Maelstrom Technology Solutions LLC**

Mailing Address 200 S Executive Dr, Ste 101

City State Zip Code  
Brookfield WI 53005

Purpose of Disbursement  
Non-Contribution Acct: Credit Card Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
06 / 25 / 2013

**Transaction ID : SB29.6673**

Amount of Each Disbursement this Period

92.80

Full Name (Last, First, Middle Initial)

**C. Maelstrom Technology Solutions LLC**

Mailing Address 200 S Executive Dr, Ste 101

City State Zip Code  
Brookfield WI 53005

Purpose of Disbursement  
Non-Contribution Acct: Credit Card Processing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
06 / 28 / 2013

**Transaction ID : SB29.6675**

Amount of Each Disbursement this Period

210.30

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

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

331.80

**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 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**

Full Name (Last, First, Middle Initial)

**A. Newseum**

Mailing Address 555 Pennsylvania Ave NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Non-Contribution Acct: PAC Tour

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6541**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Old Town Trolley Tours**

Mailing Address 2640 Reed St NE

City Washington State DC Zip Code 20018

Purpose of Disbursement  
Non-Contribution Acct: PAC Tour

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6539**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Gabriel Pike**

Mailing Address 1727 Pine Valley Dr

City Vienna State VA Zip Code 22182

Purpose of Disbursement  
Non-Contribution Acct: Event Support Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6578**

Amount of Each Disbursement this Period

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

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

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

NAME OF COMMITTEE (In Full)  
**Legacy Political Fund**

Full Name (Last, First, Middle Initial)

**A. Premiere Speakers Bureau Inc.**

Mailing Address 109 International Dr, Suite 300

City Franklin State TN Zip Code 37067

Purpose of Disbursement  
Non-Contribution Acct: PAC Speaker Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6399**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Premiere Speakers Bureau Inc.**

Mailing Address 109 International Dr, Suite 300

City Franklin State TN Zip Code 37067

Purpose of Disbursement  
Non-Contribution Acct: PAC Speaker Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6529**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. RegOnline**

Mailing Address 10182 Telesis Court, Suite 100

City San Diego State CA Zip Code 92121

Purpose of Disbursement  
Non-Contribution Acct: Credit Card & Reg. Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6523**

Amount of Each Disbursement this Period

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

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

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NAME OF COMMITTEE (In Full)  
**Legacy Political Fund**

Full Name (Last, First, Middle Initial)

**A. RegOnline**

Mailing Address 10182 Telesis Court, Suite 100

City San Diego State CA Zip Code 92121

Purpose of Disbursement  
Non-Contribution Acct: Credit Card & Reg. Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6527**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. RegOnline**

Mailing Address 10182 Telesis Court, Suite 100

City San Diego State CA Zip Code 92121

Purpose of Disbursement  
Non-Contribution Acct: Credit Card & Reg. Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6522**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. RegOnline**

Mailing Address 10182 Telesis Court, Suite 100

City San Diego State CA Zip Code 92121

Purpose of Disbursement  
Non-Contribution Acct: Credit Card & Reg. Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6572**

Amount of Each Disbursement this Period

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

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

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NAME OF COMMITTEE (In Full)  
**Legacy Political Fund**

Full Name (Last, First, Middle Initial)

**A. George Seay III**

Mailing Address 325 North Saint Paul St  
Suite 3500

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
In-kind: Non-Contribution Acct - PAC Event Expense/Reception/Food &  
Rev /AV Support  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.6682**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Steve Taylor**

Mailing Address 515 Santa Paula Dr

City Salinas State CA Zip Code 93901

Purpose of Disbursement  
Non-Contribution Acct: Refund

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.6530**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. The Willard Intercontinental Hotel**

Mailing Address 1401 Pennsylvania Ave NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Non-Contribution Acct: PAC Reception/Lodging/Retreat

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.6571**

Amount of Each Disbursement this Period

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 47 OF 47
	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 <b>George Seay III</b>	Nature of Debt (Purpose): PAC Event Expense: Reception/Food & Bev./AV Support
Mailing Address 325 North Saint Paul St Suite 3500	
City State Zip Code Dallas TX 75201	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.6679</b>	
Amount Incurred This Period <input type="text" value="24441.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="24441.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Willard Intercontinental Hotel</b>	Nature of Debt (Purpose): UNDER REVIEW: Non-Contributions Acct - PAC Event Reception/Food & Bev./Lodging
Mailing Address 1401 Pennsylvania Ave NW	
City State Zip Code Washington DC 20004	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.6680</b>	
Amount Incurred This Period <input type="text" value="33656.21"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="33656.21"/>

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="58097.21"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="58097.21"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="58097.21"/>