

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 AMERICAN LEGACY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1220 L ST., NW SUITE 100-165 WASHINGTON DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00488304 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (checked), July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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 MIKE MURRAY

Signature of Treasurer MIKE MURRAY [Electronically Filed] Date 01 / 31 / 2016

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 table with 7 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN LEGACY POLITICAL ACTION COMMITTEE

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="2015"/>	<input type="text" value="869605.42"/>	<input type="text" value="869605.42"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="706591.43"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="131196.32"/>	<input type="text" value="1386008.39"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="837787.75"/>	<input type="text" value="2255613.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="338857.85"/>	<input type="text" value="1756683.91"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="498929.90"/>	<input type="text" value="498929.90"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN LEGACY POLITICAL ACTION COMMITTEE

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).....	41107.66	259108.48
(ii) Unitemized	86312.82	1114981.10
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	127420.48	1374089.58
(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)	127420.48	1374089.58
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	7527.97
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3775.84	4390.84
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))..... ▶	131196.32	1386008.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	131196.32	1386008.39

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	320872.85	1703008.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	320872.85	1703008.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	20000.00
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	485.00	18675.59
(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)).....	485.00	18675.59
29. Other Disbursements	0.00	15000.00
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)) ..	338857.85	1756683.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	338857.85	1756683.91

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)	127420.48	1374089.58
34. Total Contribution Refunds (from Line 28(d))	485.00	18675.59
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	126935.48	1355413.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	320872.85	1703008.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	7527.97
38. Net Operating Expenditures (subtract Line 37 from Line 36)	320872.85	1695480.35

**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 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. DOYLE L. ALEXANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2703 CAMMI COURT
 City State Zip Code
 SILOAM SPRINGS AR 72761-4740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : SA11.248336
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. MR. DOYLE L. ALEXANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2703 CAMMI COURT
 City State Zip Code
 SILOAM SPRINGS AR 72761-4740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : SA11.248784
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. MR. DOYLE L. ALEXANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2703 CAMMI COURT
 City State Zip Code
 SILOAM SPRINGS AR 72761-4740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2015
Transaction ID : SA11.249127
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. DOYLE L. ALEXANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2703 CAMMI COURT
 City State Zip Code
 SILOAM SPRINGS AR 72761-4740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 575.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : SA11.249767
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. MRS. RUTH S. ANDRASCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2410 KEGWOOD LN
 City State Zip Code
 BOWIE MD 20715-2821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11.248325
 Amount of Each Receipt this Period
 90.00
 CONTRIBUTION

C. MRS. RUTH S. ANDRASCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2410 KEGWOOD LN
 City State Zip Code
 BOWIE MD 20715-2821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : SA11.248885
 Amount of Each Receipt this Period
 90.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 280.00
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 8 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MRS. RUTH S. ANDRASCO		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 10 / 2015 Transaction ID : SA11.249427
Mailing Address 2410 KEGWOOD LN		Amount of Each Receipt this Period 380.00 CONTRIBUTION
City BOWIE	State MD	Zip Code 20715-2821
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. MS. LINDA L. ARLEDGE		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015 Transaction ID : SA11.249286
Mailing Address P.O. BOX 7		Amount of Each Receipt this Period 230.00 CONTRIBUTION
City ROBERT LEE	State TX	Zip Code 76945-0007
FEC ID number of contributing federal political committee. C		
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) C. MR. RONALD C. ARNER		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2015 Transaction ID : SA11.248584
Mailing Address 1960 WOODLAND RD		Amount of Each Receipt this Period 100.00 CONTRIBUTION
City MONTOURSVILLE	State PA	Zip Code 17754-9637
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	380.00
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 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. MR. JOSE BALLINA

Mailing Address 203 N VERSHIRE CIR

City MAGNOLIA State TX Zip Code 77354-3310

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

Name of Employer DISTRADE INC. Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : SA11.248242

Amount of Each Receipt this Period
150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. JOSE BALLINA

Mailing Address 203 N VERSHIRE CIR

City MAGNOLIA State TX Zip Code 77354-3310

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

Name of Employer DISTRADE INC. Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248528

Amount of Each Receipt this Period
150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MS. JOANN T. BATESON

Mailing Address 40 BIDEFORD ROW

City ASHEVILLE State NC Zip Code 28803-1953

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
465.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : SA11.248240

Amount of Each Receipt this Period
75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00

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 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. JOANN T. BATESON
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 BIDEFORD ROW
 City ASHEVILLE State NC Zip Code 28803-1953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248654
 Amount of Each Receipt this Period 75.00
 CONTRIBUTION

B. MS. JOANN T. BATESON
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 BIDEFORD ROW
 City ASHEVILLE State NC Zip Code 28803-1953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 10 / 21 / 2015
Transaction ID : SA11.249034
 Amount of Each Receipt this Period 45.00
 CONTRIBUTION

C. MS. JOANN T. BATESON
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 BIDEFORD ROW
 City ASHEVILLE State NC Zip Code 28803-1953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11.249296
 Amount of Each Receipt this Period 45.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	165.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 209
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. MS. JULIE BECKER
 Mailing Address P.O. BOX 5297
 City State Zip Code
 VALLEJO CA 94591-0916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 REALESTATE SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248615
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. RICHARD BENNETT
 Mailing Address 1694 E. HAYDEN AVE.
 City State Zip Code
 HAYDEN LAKE ID 83835-9524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 980.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2015
Transaction ID : SA11.247827
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. RICHARD BENNETT
 Mailing Address 1694 E. HAYDEN AVE.
 City State Zip Code
 HAYDEN LAKE ID 83835-9524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 980.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2015
Transaction ID : SA11.247883
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 12 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. RICHARD BENNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1694 E. HAYDEN AVE.
 City HAYDEN LAKE State ID Zip Code 83835-9524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 980.00

Date of Receipt 07 / 14 / 2015
Transaction ID : SA11.247926
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

B. MR. RICHARD BENNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1694 E. HAYDEN AVE.
 City HAYDEN LAKE State ID Zip Code 83835-9524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 980.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248628
 Amount of Each Receipt this Period 180.00
 CONTRIBUTION

C. MR. RICHARD BENNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1694 E. HAYDEN AVE.
 City HAYDEN LAKE State ID Zip Code 83835-9524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 980.00

Date of Receipt 12 / 15 / 2015
Transaction ID : SA11.249569
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	380.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. RICHARD BENNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1694 E. HAYDEN AVE.
 City HAYDEN LAKE State ID Zip Code 83835-9524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 980.00

Date of Receipt 12 / 15 / 2015
Transaction ID : SA11.249601
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

B. MR. RICHARD BENNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1694 E. HAYDEN AVE.
 City HAYDEN LAKE State ID Zip Code 83835-9524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 980.00

Date of Receipt 12 / 15 / 2015
Transaction ID : SA11.249631
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

C. MR. RICHARD BENNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1694 E. HAYDEN AVE.
 City HAYDEN LAKE State ID Zip Code 83835-9524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 980.00

Date of Receipt 12 / 15 / 2015
Transaction ID : SA11.249666
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 14 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. MR. RICHARD BENNETT

Mailing Address 1694 E. HAYDEN AVE.

City State Zip Code
HAYDEN LAKE ID 83835-9524

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
980.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11.249707

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MS. YVONNE R. BERRY

Mailing Address 1019 VAN SICLEN AVE APT 5J

City State Zip Code
BROOKLYN NY 11207-9035

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
865.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 02 / 2015
Transaction ID : SA11.247087

Amount of Each Receipt this Period
180.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MS. YVONNE R. BERRY

Mailing Address 1019 VAN SICLEN AVE APT 5J

City State Zip Code
BROOKLYN NY 11207-9035

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
865.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248670

Amount of Each Receipt this Period
155.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 435.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. YVONNE R. BERRY
Full Name (Last, First, Middle Initial)

Mailing Address 1019 VAN SICLEN AVE APT 5J

City BROOKLYN	State NY	Zip Code 11207-9035
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11.249093

Amount of Each Receipt this Period
130.00

CONTRIBUTION

B. MS. YVONNE R. BERRY
Full Name (Last, First, Middle Initial)

Mailing Address 1019 VAN SICLEN AVE APT 5J

City BROOKLYN	State NY	Zip Code 11207-9035
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : SA11.249284

Amount of Each Receipt this Period
145.00

CONTRIBUTION

C. MS. YVONNE R. BERRY
Full Name (Last, First, Middle Initial)

Mailing Address 1019 VAN SICLEN AVE APT 5J

City BROOKLYN	State NY	Zip Code 11207-9035
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2015

Transaction ID : SA11.249853

Amount of Each Receipt this Period
180.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	455.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. TERRY M. BEVILACQUA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 CARRIAGE DR
 City NORWALK State CT Zip Code 06850-2326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PRESIDENT Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248588
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. MS. NONA BINGHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 72
 City PETTUS State TX Zip Code 78146-0072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2015
Transaction ID : SA11.247355
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

C. MS. NONA BINGHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 72
 City PETTUS State TX Zip Code 78146-0072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248649
 Amount of Each Receipt this Period
 20.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	145.00
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 17 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. NONA BINGHAM
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 72

City PETTUS	State TX	Zip Code 78146-0072
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Date of Receipt
11 / 30 / 2015
Transaction ID : SA11.249293

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. MS. GENEVIEVE BISHOP
Full Name (Last, First, Middle Initial)
Mailing Address 10230 EDELWEISS CIR

City SHAWNEE	State KS	Zip Code 66203-4611
FEC ID number of contributing federal political committee. C		
Name of Employer RET.	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Date of Receipt
09 / 24 / 2015
Transaction ID : SA11.248590

Amount of Each Receipt this Period
60.00

CONTRIBUTION

C. MR. RONALD E. BISHOP
Full Name (Last, First, Middle Initial)
Mailing Address 18700 LANTEEN BROOK COURT

City CORNELIUS	State NC	Zip Code 28031-5529
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
07 / 06 / 2015
Transaction ID : SA11.247325

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. RONALD E. BISHOP
 Full Name (Last, First, Middle Initial)
 Mailing Address 18700 LANTEEN BROOK COURT
 City State Zip Code
 CORNELIUS NC 28031-5529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2015
Transaction ID : SA11.249183
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. MR. RONALD E. BISHOP
 Full Name (Last, First, Middle Initial)
 Mailing Address 18700 LANTEEN BROOK COURT
 City State Zip Code
 CORNELIUS NC 28031-5529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : SA11.249496
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

C. MRS. PEARLIOUS M. BLEDSOE
 Full Name (Last, First, Middle Initial)
 Mailing Address 511 LAUREL DR.
 City State Zip Code
 GRANITEVILLE SC 29829-2535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015
Transaction ID : SA11.248284
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 19 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MRS. PEARLIOUS M. BLEDSOE
 Full Name (Last, First, Middle Initial)
 Mailing Address 511 LAUREL DR.
 City GRANITEVILLE State SC Zip Code 29829-2535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : SA11.249100
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

B. MRS. PEARLIOUS M. BLEDSOE
 Full Name (Last, First, Middle Initial)
 Mailing Address 511 LAUREL DR.
 City GRANITEVILLE State SC Zip Code 29829-2535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : SA11.249342
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

C. MRS. PEARLIOUS M. BLEDSOE
 Full Name (Last, First, Middle Initial)
 Mailing Address 511 LAUREL DR.
 City GRANITEVILLE State SC Zip Code 29829-2535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : SA11.249452
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 20 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. RICHARD A. BLUESTONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5986 ASHCROFT DR
 City State Zip Code
 CLEVELAND OH 44124-3137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SALES SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 466.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : SA11.248231
 Amount of Each Receipt this Period
 40.00
 CONTRIBUTION

B. MR. RICHARD A. BLUESTONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5986 ASHCROFT DR
 City State Zip Code
 CLEVELAND OH 44124-3137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SALES SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 466.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248606
 Amount of Each Receipt this Period
 40.00
 CONTRIBUTION

C. MR. RICHARD A. BLUESTONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5986 ASHCROFT DR
 City State Zip Code
 CLEVELAND OH 44124-3137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SALES SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 466.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : SA11.249103
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 130.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. RICHARD A. BLUESTONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5986 ASHCROFT DR
 City CLEVELAND State OH Zip Code 44124-3137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SALES Occupation SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 466.00

Date of Receipt 12 / 11 / 2015
Transaction ID : SA11.249436
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

B. MS. ANNE L. BODER
 Full Name (Last, First, Middle Initial)
 Mailing Address 414 GREEN ST.
 City FREELAND State PA Zip Code 18224-1708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 09 / 2015
Transaction ID : SA11.247443
 Amount of Each Receipt this Period 235.00
 CONTRIBUTION

C. MS. BARBARA BOGGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 716 WALKER RD
 City GREAT FALLS State VA Zip Code 22066-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 08 / 28 / 2015
Transaction ID : SA11.248219
 Amount of Each Receipt this Period 40.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 22 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. BARBARA BOGGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 716 WALKER RD
 City State Zip Code
 GREAT FALLS VA 22066-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248486
 Amount of Each Receipt this Period
 40.00
 CONTRIBUTION

B. MS. BARBARA BOGGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 716 WALKER RD
 City State Zip Code
 GREAT FALLS VA 22066-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : SA11.249285
 Amount of Each Receipt this Period
 40.00
 CONTRIBUTION

C. MR. FRANK G. BOND
 Full Name (Last, First, Middle Initial)
 Mailing Address 6339 BUNKER CIR
 City State Zip Code
 ROANOKE VA 24019-6101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248511
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 130.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. FRANK G. BOND
Full Name (Last, First, Middle Initial)

Mailing Address 6339 BUNKER CIR

City ROANOKE State VA Zip Code 24019-6101

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : SA11.249012

Amount of Each Receipt this Period
50.00

CONTRIBUTION

B. MS. NANCY W. BRADLEY
Full Name (Last, First, Middle Initial)

Mailing Address 1330 MERCER LN

City MCLEAN State VA Zip Code 22101-3014

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

Name of Employer SELF-EMPLOYED Occupation WRITER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **580.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2015

Transaction ID : SA11.248883

Amount of Each Receipt this Period
25.00

CONTRIBUTION

C. MS. NANCY W. BRADLEY
Full Name (Last, First, Middle Initial)

Mailing Address 1330 MERCER LN

City MCLEAN State VA Zip Code 22101-3014

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

Name of Employer SELF-EMPLOYED Occupation WRITER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **580.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : SA11.249019

Amount of Each Receipt this Period
40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	115.00
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 24 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MRS. WILLIAM LINDA BRODIE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 940
 City JACKSONVILLE State OR Zip Code 97530-0940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.00**

Date of Receipt **09 / 24 / 2015**
Transaction ID : SA11.248689
 Amount of Each Receipt this Period **230.00**
 CONTRIBUTION

B. MS. MARTHA ANN BROOKS TTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2307 N BENTON WAY
 City SANTA ANA State CA Zip Code 92706-1601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 24 / 2015**
Transaction ID : SA11.248567
 Amount of Each Receipt this Period **150.00**
 CONTRIBUTION

C. MS. JANICE C. BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3916 KENT ST
 City SLIDELL State LA Zip Code 70458-5230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer R Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **07 / 06 / 2015**
Transaction ID : SA11.247168
 Amount of Each Receipt this Period **180.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	560.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 25 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. CHARLES BRUNIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 PARTRIDGE HOLLOW RD
 City GREENWICH State CT Zip Code 06831-2662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2015
Transaction ID : SA11.249269
 Amount of Each Receipt this Period
 230.00
 CONTRIBUTION

B. MR. WAYNE B. BUMGARNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3751 N SPARKLEBROOK LN
 City STRAFFORD State MO Zip Code 65757-8872
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248564
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. MONDA S. BURLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 607 GRANT RD
 City BROOKS State GA Zip Code 30205-1719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : SA11.247523
 Amount of Each Receipt this Period
 75.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 555.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 26 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. MONDA S. BURLEY

Mailing Address 607 GRANT RD

City State Zip Code
BROOKS GA 30205-1719

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : SA11.249403

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. WALTER C. BURMEISTER

Mailing Address 5314 S SPRINGFIELD AVE

City State Zip Code
CHICAGO IL 60632-3729

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

Name of Employer Occupation
VETERANS ADMINISTRATION RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA11.248792

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. WALTER C. BURMEISTER

Mailing Address 5314 S SPRINGFIELD AVE

City State Zip Code
CHICAGO IL 60632-3729

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

Name of Employer Occupation
VETERANS ADMINISTRATION RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : SA11.249541

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. MARTHA BUTLER
Full Name (Last, First, Middle Initial)

Mailing Address 5231 VALLEY BLUFF LN

City KATY	State TX	Zip Code 77494-2966
--------------	-------------	------------------------

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2015

Transaction ID : SA11.248919

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. MRS. GAIL A. CARPENTER
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 231

City DELL CITY	State TX	Zip Code 79837-0231
-------------------	-------------	------------------------

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

Name of Employer SELF	Occupation BOOKEEPER
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2015

Transaction ID : SA11.247236

Amount of Each Receipt this Period
180.00

CONTRIBUTION

C. MRS. GAIL A. CARPENTER
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 231

City DELL CITY	State TX	Zip Code 79837-0231
-------------------	-------------	------------------------

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

Name of Employer SELF	Occupation BOOKEEPER
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11.249080

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	330.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. MARY CARROLL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3504 CRENSHAW LAKE RD
 City LUTZ State FL Zip Code 33548-4754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2015
Transaction ID : SA11.249016
 Amount of Each Receipt this Period
 75.00
 CONTRIBUTION

B. MS. KITTIE H. CASSITY
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1331
 City MUSKOGEE State OK Zip Code 74402-1331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RET. Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : SA11.249481
 Amount of Each Receipt this Period
 75.00
 CONTRIBUTION

C. MS. MARILOU W. CHAPMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 CEDAR RIDGE DR. APT S135
 City WEST BEND State WI Zip Code 53095-3673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : SA11.247679
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. MARILOU W. CHAPMAN
Full Name (Last, First, Middle Initial)

Mailing Address 125 CEDAR RIDGE DR. APT S135

City WEST BEND	State WI	Zip Code 53095-3673
-------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2015

Transaction ID : SA11.249796

Amount of Each Receipt this Period
200.00

CONTRIBUTION

B. DR. THOMAS M. CHESNEY
Full Name (Last, First, Middle Initial)

Mailing Address 4820 FLEETGROVE AVE

City MEMPHIS	State TN	Zip Code 38117-3223
-----------------	-------------	------------------------

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

Name of Employer PATHOLOGY GROUP OF THE MIDSOUTH	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2015

Transaction ID : SA11.248139

Amount of Each Receipt this Period
180.00

CONTRIBUTION

C. DR. THOMAS M. CHESNEY
Full Name (Last, First, Middle Initial)

Mailing Address 4820 FLEETGROVE AVE

City MEMPHIS	State TN	Zip Code 38117-3223
-----------------	-------------	------------------------

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

Name of Employer PATHOLOGY GROUP OF THE MIDSOUTH	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11.248907

Amount of Each Receipt this Period
180.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	560.00
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 30 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. JOAN T. CHEW
Full Name (Last, First, Middle Initial)

Mailing Address 216 CENTER AVE

City BUTLER State PA Zip Code 16001-7040

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt 08 / 26 / 2015
Transaction ID : SA11.248195

Amount of Each Receipt this Period 60.00

CONTRIBUTION

B. MR. ANTHONY CILLUFFO
Full Name (Last, First, Middle Initial)

Mailing Address 518 MEADOWLARK TER

City GLEN MILLS State PA Zip Code 19342-3341

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

Name of Employer NA Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 02 / 2015
Transaction ID : SA11.248810

Amount of Each Receipt this Period 50.00

CONTRIBUTION

C. NORLENE S. CKODRE
Full Name (Last, First, Middle Initial)

Mailing Address 105 DUNBAR DR

City VICTORIA State TX Zip Code 77904-3041

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 15 / 2015
Transaction ID : SA11.247627

Amount of Each Receipt this Period 50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 160.00

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

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

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

FOR LINE NUMBER: PAGE 31 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. MR. ALBERT CLARK

Mailing Address P.O. BOX 245

City State Zip Code
CAYUGA IN 47928-0245

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

Name of Employer Occupation
ALBERT CLARK ENTERPRISES OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2015
Transaction ID : SA11.247365

Amount of Each Receipt this Period
180.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MS. CATHERINE C. CLEMENT

Mailing Address 12785 DIANNE DR

City State Zip Code
LOS ALTOS HILLS CA 94022-4629

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248591

Amount of Each Receipt this Period
360.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. DOUGLAS COLLIER

Mailing Address 1270 COLUMBIA ROAD 17

City State Zip Code
STAMPS AR 71860-9641

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

Name of Employer Occupation
COLLIER BLDG CONT. INC SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : SA11.247948

Amount of Each Receipt this Period
150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 690.00

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 32 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. JEAN E. COMEFORO
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 CATCH PENNY LN
 City MEDIA State PA Zip Code 19063-5420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 14 / 2015**
Transaction ID : SA11.249478
 Amount of Each Receipt this Period **130.00**
 CONTRIBUTION

B. MS. CAROL L. COOPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 585 S VALLEY DR
 City LAS CRUCES State NM Zip Code 88005-2733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 06 / 2015**
Transaction ID : SA11.247157
 Amount of Each Receipt this Period **200.00**
 CONTRIBUTION

C. PUPPET CRIM
 Full Name (Last, First, Middle Initial)
 Mailing Address 21351 HIGHWAY 140 TRLR 20
 City HESPERUS State CO Zip Code 81326-9378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 10 / 2015**
Transaction ID : SA11.247454
 Amount of Each Receipt this Period **50.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	380.00
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 33 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. MS. JOY CROOK
 Mailing Address 17 BODDINGTON CT
 City State Zip Code
 ASHEVILLE NC 28803-3149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PASCO VICE PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248619
 Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MS. MARY CROSBY
 Mailing Address 3109 WHITWELL AVE
 City State Zip Code
 FREMONT IA 52561-9779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248587
 Amount of Each Receipt this Period
 30.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MS. MARY CROSBY
 Mailing Address 3109 WHITWELL AVE
 City State Zip Code
 FREMONT IA 52561-9779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : SA11.249287
 Amount of Each Receipt this Period
 35.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 365.00
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 34 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. MARY CROSBY
Full Name (Last, First, Middle Initial)

Mailing Address 3109 WHITWELL AVE

City State Zip Code
FREMONT IA 52561-9779

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
12 / 28 / 2015
Transaction ID : SA11.249780

Amount of Each Receipt this Period
30.00

CONTRIBUTION

B. DR. JAMES C. CULVER
Full Name (Last, First, Middle Initial)

Mailing Address 6263 CANTER CREEK TRL

City State Zip Code
GRAND BLANC MI 48439-7440

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
10 / 19 / 2015
Transaction ID : SA11.249003

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. MR. KENNETH J. CUSTER
Full Name (Last, First, Middle Initial)

Mailing Address 766 GREEN LN

City State Zip Code
BEDFORD PA 15522-1918

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt
08 / 28 / 2015
Transaction ID : SA11.248229

Amount of Each Receipt this Period
65.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.00

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 35 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. KENNETH J. CUSTER
Full Name (Last, First, Middle Initial)

Mailing Address 766 GREEN LN

City	State	Zip Code
BEDFORD	PA	15522-1918

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : SA11.248621

Amount of Each Receipt this Period

65.00

CONTRIBUTION

B. MR. KENNETH J. CUSTER
Full Name (Last, First, Middle Initial)

Mailing Address 766 GREEN LN

City	State	Zip Code
BEDFORD	PA	15522-1918

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2015

Transaction ID : SA11.249336

Amount of Each Receipt this Period

80.00

CONTRIBUTION

C. MR. FRANK DANNOLFO
Full Name (Last, First, Middle Initial)

Mailing Address 5 PARKER CHASE RD APT 1

City	State	Zip Code
STONEHAM	MA	02180-4541

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2015

Transaction ID : SA11.247244

Amount of Each Receipt this Period

130.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 209
	(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

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. DR. MICHAEL J. DAUGHETY
Full Name (Last, First, Middle Initial)

Mailing Address 4412 CAESAR LANE

City	State	Zip Code
IRVING	TX	75038-6230

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

Name of Employer	Occupation
PINNACLE ANESTHESIA CONSULTANTS	ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2015
Transaction ID : SA11.247869

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

B. DR. MICHAEL J. DAUGHETY
Full Name (Last, First, Middle Initial)

Mailing Address 4412 CAESAR LANE

City	State	Zip Code
IRVING	TX	75038-6230

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

Name of Employer	Occupation
PINNACLE ANESTHESIA CONSULTANTS	ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2015
Transaction ID : SA11.247917

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

C. DR. MICHAEL J. DAUGHETY
Full Name (Last, First, Middle Initial)

Mailing Address 4412 CAESAR LANE

City	State	Zip Code
IRVING	TX	75038-6230

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

Name of Employer	Occupation
PINNACLE ANESTHESIA CONSULTANTS	ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11.249674

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 37 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. DR. MICHAEL J. DAUGHETY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4412 CAESAR LANE
 City IRVING State TX Zip Code 75038-6230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PINNACLE ANESTHESIA CONSULTANTS Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 15 / 2015
Transaction ID : SA11.249718
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

B. MS. JOANNA L. DILLERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 RED TAIL CT
 City BASALT State CO Zip Code 81621-9293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer R Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11.248768
 Amount of Each Receipt this Period 25.00
 CONTRIBUTION

C. MS. JOANNA L. DILLERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 RED TAIL CT
 City BASALT State CO Zip Code 81621-9293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer R Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 30 / 2015
Transaction ID : SA11.249838
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 125.00
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 38 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. JERRY DILLINGHAM
Full Name (Last, First, Middle Initial)

Mailing Address 826 STATE ROUTE 131 UNIT 10

City	State	Zip Code
MILFORD	OH	45150-5000

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

Name of Employer	Occupation
ROYAL HILLS VILLAGE	SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11.249865

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B. MS. DRUSCILLA DOEHRMAN
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 2165

City	State	Zip Code
NAPLES	FL	34106-2165

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **530.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2015

Transaction ID : SA11.248210

Amount of Each Receipt this Period

330.00

CONTRIBUTION

C. MS. ANNE DOODY
Full Name (Last, First, Middle Initial)

Mailing Address 1510 OAK DALE RD

City	State	Zip Code
ARNOLD	MD	21012-2210

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2015

Transaction ID : SA11.248987

Amount of Each Receipt this Period

230.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	660.00
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 39 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. RUTH EARLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 MORA LN
 City LAS VEGAS State NV Zip Code 89102-2040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248607
 Amount of Each Receipt this Period 125.00
 CONTRIBUTION

B. MS. RUTH EARLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 MORA LN
 City LAS VEGAS State NV Zip Code 89102-2040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 23 / 2015
Transaction ID : SA11.249070
 Amount of Each Receipt this Period 130.00
 CONTRIBUTION

C. MR. SIMON C. ECKLUND
 Full Name (Last, First, Middle Initial)
 Mailing Address 72 SKIPPING WATER DR
 City SPRING LAKE State NC Zip Code 28390-7062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 30 / 2015
Transaction ID : SA11.249847
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 355.00
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 40 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. MS. LOIS EDGERLY

Mailing Address 32 HIGHLAND ST

City State Zip Code
CAMBRIDGE MA 02138-2210

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
890.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248442

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MS. LOIS EDGERLY

Mailing Address 32 HIGHLAND ST

City State Zip Code
CAMBRIDGE MA 02138-2210

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
890.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2015
Transaction ID : SA11.249056

Amount of Each Receipt this Period
 75.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MS. LOIS EDGERLY

Mailing Address 32 HIGHLAND ST

City State Zip Code
CAMBRIDGE MA 02138-2210

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
890.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : SA11.249392

Amount of Each Receipt this Period
 75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. LOIS EDGERLY
Full Name (Last, First, Middle Initial)

Mailing Address 32 HIGHLAND ST

City CAMBRIDGE State MA Zip Code 02138-2210

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **890.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11.249871

Amount of Each Receipt this Period
130.00

CONTRIBUTION

B. MS. LETA J. EHRMAN
Full Name (Last, First, Middle Initial)

Mailing Address 1501 INVERNESS DR APT 308

City LAWRENCE State KS Zip Code 66047-1836

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : SA11.248600

Amount of Each Receipt this Period
50.00

CONTRIBUTION

C. MS. LETA J. EHRMAN
Full Name (Last, First, Middle Initial)

Mailing Address 1501 INVERNESS DR APT 308

City LAWRENCE State KS Zip Code 66047-1836

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2015

Transaction ID : SA11.249807

Amount of Each Receipt this Period
75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	255.00
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 42 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. MS. JOY ETIENNE
 Mailing Address 24724 142ND AVE SE
 City State Zip Code
 KENT WA 98042-5152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HOMEMAKER HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2015
Transaction ID : SA11.248838
 Amount of Each Receipt this Period
 75.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MS. BETTY FARMER
 Mailing Address 399 LAUREL LN
 City State Zip Code
 LOOKOUT MOUNTAIN TN 37350-1147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 880.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : SA11.248238
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MS. BETTY FARMER
 Mailing Address 399 LAUREL LN
 City State Zip Code
 LOOKOUT MOUNTAIN TN 37350-1147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 880.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248661
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 43 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. RAYMOND N. FINK
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 134
 City WILLIAMSTON State MI Zip Code 48895-0134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer REITRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248611
 Amount of Each Receipt this Period 350.00
 CONTRIBUTION

B. MR. RAYMOND N. FINK
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 134
 City WILLIAMSTON State MI Zip Code 48895-0134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer REITRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 10 / 21 / 2015
Transaction ID : SA11.249035
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

C. MR. RAYMOND N. FINK
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 134
 City WILLIAMSTON State MI Zip Code 48895-0134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer REITRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt 12 / 29 / 2015
Transaction ID : SA11.249805
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
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 44 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. ROBERT S. FIRPO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 FOLSOM BLVD
 UNIT 2A
 City SACRAMENTO State CA Zip Code 95819-4001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2015
Transaction ID : SA11.249068
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. MR. HAROLD C. FOLTS 3D
 Full Name (Last, First, Middle Initial)
 Mailing Address 559 HOLLY CORNER RD
 City FREDERICKSBURG State VA Zip Code 22406-5362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RET. RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : SA11.248233
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

C. MR. HAROLD C. FOLTS 3D
 Full Name (Last, First, Middle Initial)
 Mailing Address 559 HOLLY CORNER RD
 City FREDERICKSBURG State VA Zip Code 22406-5362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RET. RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248570
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. DR. TWILAH A. FOX
Full Name (Last, First, Middle Initial)

Mailing Address 15015 S. SHERIDAN ROAD

City BIXBY	State OK	Zip Code 74008-3740
---------------	-------------	------------------------

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

Name of Employer AGENCIES	Occupation DOCTOR
------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
505.00

Date of Receipt
08 / 14 / 2015
Transaction ID : SA11.248122

Amount of Each Receipt this Period
75.00

CONTRIBUTION

B. MR. ROBERT B. GAIN
Full Name (Last, First, Middle Initial)

Mailing Address 3 CARISSA CT

City GREENSBORO	State NC	Zip Code 27407-6366
--------------------	-------------	------------------------

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

Name of Employer SAND HILLS CENTER LME-MCO	Occupation ADMINISTRATOR
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
07 / 09 / 2015
Transaction ID : SA11.247403

Amount of Each Receipt this Period
40.00

CONTRIBUTION

C. MR. ROBERT B. GAIN
Full Name (Last, First, Middle Initial)

Mailing Address 3 CARISSA CT

City GREENSBORO	State NC	Zip Code 27407-6366
--------------------	-------------	------------------------

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

Name of Employer SAND HILLS CENTER LME-MCO	Occupation ADMINISTRATOR
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
09 / 24 / 2015
Transaction ID : SA11.248662

Amount of Each Receipt this Period
40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	155.00
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 46 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. ROBERT B. GAIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 CARISSA CT
 City Greensboro State NC Zip Code 27407-6366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAND HILLS CENTER LME-MCO Occupation ADMINISTRATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **205.00**

Date of Receipt **10 / 20 / 2015**
Transaction ID : SA11.249010
 Amount of Each Receipt this Period **50.00**
 CONTRIBUTION

B. LYNNE GALE
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 S 2ND ST
 City Lewisburg State PA Zip Code 17837-1905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **12 / 15 / 2015**
Transaction ID : SA11.249581
 Amount of Each Receipt this Period **30.00**
 CONTRIBUTION

C. LYNNE GALE
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 S 2ND ST
 City Lewisburg State PA Zip Code 17837-1905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **12 / 15 / 2015**
Transaction ID : SA11.249611
 Amount of Each Receipt this Period **30.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **110.00**
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 47 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. LYNNE GALE

Mailing Address 203 S 2ND ST

City State Zip Code
LEWISBURG PA 17837-1905

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11.249643

Amount of Each Receipt this Period
 30.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. LYNNE GALE

Mailing Address 203 S 2ND ST

City State Zip Code
LEWISBURG PA 17837-1905

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11.249683

Amount of Each Receipt this Period
 30.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. LYNNE GALE

Mailing Address 203 S 2ND ST

City State Zip Code
LEWISBURG PA 17837-1905

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11.249724

Amount of Each Receipt this Period
 30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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 48 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. MR. MARK T. GAY

Mailing Address 6706 MELLON CT

City State Zip Code
BAKERSFIELD CA 93308-1971

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

Name of Employer Occupation
MARK GAY REAL ESTATE BROKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 13 / 2015
Transaction ID : SA11.249216

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MS. LINDA GILLESPIE

Mailing Address 606 WINHALL WAY

City State Zip Code
SILVER SPRING MD 20904-2069

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

Name of Employer Occupation
MONTGOMERY COUNTY PUBLIC SCHOOLS TEACHER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248519

Amount of Each Receipt this Period
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. DENNIS GOMER

Mailing Address 1855 LIVE OAK RD

City State Zip Code
PASO ROBLES CA 93446-8695

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
660.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248719

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00

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 49 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. SHEILA GORDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 578 L S U AVENUE
 City State Zip Code
 BATON ROUGE LA 70808-4642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NA RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2015
Transaction ID : SA11.248213
 Amount of Each Receipt this Period
 30.00
 CONTRIBUTION

B. MS. MARIANN GRAMI
 Full Name (Last, First, Middle Initial)
 Mailing Address 10783 WILKINS AVE
 City State Zip Code
 LOS ANGELES CA 90024-5064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED RETIRED
 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
 09 / 24 / 2015
Transaction ID : SA11.248612
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. MRS. MILDRED L. GREBING
 Full Name (Last, First, Middle Initial)
 Mailing Address 398 P.C.R. 428
 City State Zip Code
 FROHNA MO 63748-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED FARMER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : SA11.248787
 Amount of Each Receipt this Period
 40.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00
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 50 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MRS. MILDRED L. GREBING
 Full Name (Last, First, Middle Initial)
 Mailing Address 398 P.C.R. 428

City FROHNA	State MO	Zip Code 63748-
----------------	-------------	--------------------

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

Name of Employer SELF-EMPLOYED	Occupation FARMER
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2015
Transaction ID : SA11.248898

Amount of Each Receipt this Period
 40.00

CONTRIBUTION

B. MR. EDWARD B. GREENE
 Full Name (Last, First, Middle Initial)
 Mailing Address 574 LAKESHORE DR

City DULUTH	State GA	Zip Code 30096-3036
----------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : SA11.247241

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

C. MR. EDWARD B. GREENE
 Full Name (Last, First, Middle Initial)
 Mailing Address 574 LAKESHORE DR

City DULUTH	State GA	Zip Code 30096-3036
----------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : SA11.249384

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	190.00
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 51 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. MR. RICHARD S. GRIFFITH

Mailing Address 3417 MILAM ST

City HOUSTON State TX Zip Code 77002-9531

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

Name of Employer RICHARD S. GRIFFITH Occupation INVESTER

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
 09 / 18 / 2015
Transaction ID : SA11.248393

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MS. VIRGINIA HARDAM

Mailing Address P.O. BOX 2046

City PALMER State AK Zip Code 99645-2046

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

Name of Employer NA Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248636

Amount of Each Receipt this Period
40.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MRS. PATRICIA A. HARGEST

Mailing Address 724 W PADONIA ROAD

City CCKEYSVILLE State MD Zip Code 21030-1723

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

Name of Employer ENABLEDWARE LLC Occupation SALES

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
 07 / 14 / 2015
Transaction ID : SA11.247851

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1090.00

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 52 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MRS. PATRICIA A. HARGEST		Date of Receipt MM / DD / YYYY 07 / 14 / 2015
Mailing Address 724 W PADONIA ROAD		Transaction ID : SA11.247905
City CCKEYSVILLE	State MD	Zip Code 21030-1723
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer ENABLEDWARE LLC	Occupation SALES	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. MRS. PATRICIA A. HARGEST		Date of Receipt MM / DD / YYYY 12 / 15 / 2015
Mailing Address 724 W PADONIA ROAD		Transaction ID : SA11.249645
City CCKEYSVILLE	State MD	Zip Code 21030-1723
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer ENABLEDWARE LLC	Occupation SALES	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) C. MRS. PATRICIA A. HARGEST		Date of Receipt MM / DD / YYYY 12 / 15 / 2015
Mailing Address 724 W PADONIA ROAD		Transaction ID : SA11.249687
City CCKEYSVILLE	State MD	Zip Code 21030-1723
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer ENABLEDWARE LLC	Occupation SALES	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MRS. PATRICIA A. HARGEST
 Full Name (Last, First, Middle Initial)
 Mailing Address 724 W PADONIA ROAD
 City State Zip Code
 CCKEYSVILLE MD 21030-1723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ENABLEDWARE LLC SALES
 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
 12 / 15 / 2015
Transaction ID : SA11.249727
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. MS. NATALIA HARKAWAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 7819 SYCAMORE DR
 City State Zip Code
 FALLS CHURCH VA 22042-3327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GOVERNMENT WORKER--RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : SA11.248235
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. MS. NATALIA HARKAWAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 7819 SYCAMORE DR
 City State Zip Code
 FALLS CHURCH VA 22042-3327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GOVERNMENT WORKER--RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248638
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 54 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. NATALIA HARKAWAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 7819 SYCAMORE DR
 City State Zip Code
 FALLS CHURCH VA 22042-3327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GOVERNMENT WORKER--RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : SA11.249437
 Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

B. MR. BILLY J. HELTON USAF (RET.)
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 RIDGEWELL RD
 City State Zip Code
 SHERWOOD AR 72120-3109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2015
Transaction ID : SA11.248818
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

C. MR. BILLY J. HELTON USAF (RET.)
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 RIDGEWELL RD
 City State Zip Code
 SHERWOOD AR 72120-3109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2015
Transaction ID : SA11.248983
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 55 OF 209
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. MR. BILLY J. HELTON USAF (RET.)

Mailing Address 3 RIDGEWELL RD

City State Zip Code
SHERWOOD AR 72120-3109

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : SA11.249471

Amount of Each Receipt this Period
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MS. MARILYN HENE BRY

Mailing Address 720 IMPERIAL DR

City State Zip Code
EVANSVILLE IN 47711-1084

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015
Transaction ID : SA11.248953

Amount of Each Receipt this Period
150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. PAUL N. HERR

Mailing Address 48 ROBIN ROAD

City State Zip Code
HERSHEY PA 17033-1849

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : SA11.247960

Amount of Each Receipt this Period
75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00

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

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

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

FOR LINE NUMBER: PAGE 56 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. MR. PAUL N. HERR

Mailing Address 48 ROBIN ROAD

City HERSHEY State PA Zip Code 17033-1849

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11.248258

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. PAUL N. HERR

Mailing Address 48 ROBIN ROAD

City HERSHEY State PA Zip Code 17033-1849

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2015
Transaction ID : SA11.249146

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MRS. MARY R. HEYDUCK

Mailing Address 2810 OAK VALLEY DR

City ARLINGTON State TX Zip Code 76016-1734

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : SA11.248874

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

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

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

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

FOR LINE NUMBER: PAGE 57 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. DOROTHY N. HILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4909 LACLEDE AVE APT 2401
 City SAINT LOUIS State MO Zip Code 63108-1443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248675
 Amount of Each Receipt this Period 130.00
 CONTRIBUTION

B. MS. YVONNE M. HILTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1083 E 390 N
 City AMERICAN FORK State UT Zip Code 84003-3025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 07 / 16 / 2015
Transaction ID : SA11.247645
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

C. MS. LAUREL L. HIPPENSTEEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 MARKET ST
 City NEW CUMBERLAND State PA Zip Code 17070-2148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RET. Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248625
 Amount of Each Receipt this Period 40.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 220.00
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 58 OF 209
	(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

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. CHARLES HOLMBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 17833 E 1250 RD
 City ERICK State OK Zip Code 73645-4530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPL Occupation FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248605
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

B. MR. DAVID L. HOWELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 STECKER MILL RD
 City DANVILLE State PA Zip Code 17821-6803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248622
 Amount of Each Receipt this Period 75.00
 CONTRIBUTION

C. MR. DAVID L. HOWELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 STECKER MILL RD
 City DANVILLE State PA Zip Code 17821-6803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 12 / 03 / 2015
Transaction ID : SA11.249347
 Amount of Each Receipt this Period 75.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 59 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. MICHAEL HSU
 Full Name (Last, First, Middle Initial)
 Mailing Address 1046 BRAMBLEWOOD LN
 City SAN JOSE State CA Zip Code 95131-3431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NDVIA Occupation ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248596
 Amount of Each Receipt this Period 375.00
 CONTRIBUTION

B. MRS. MARY P. HUMMELER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1745 MONTGOMERY AVE
 City VILLANOVA State PA Zip Code 19085-1930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248517
 Amount of Each Receipt this Period 150.00
 CONTRIBUTION

C. MS. NANCY JACKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11151 SE HOLGATE BLVD
 City PORTLAND State OR Zip Code 97266-3301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 22 / 2015
Transaction ID : SA11.249052
 Amount of Each Receipt this Period 230.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 755.00
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 60 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. DONALD M. JACOBSON M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3727 CANADA GOOSE XING

City RACINE	State WI	Zip Code 53403-4506
----------------	-------------	------------------------

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

Name of Employer SELF	Occupation PHYSICIAN
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2015

Transaction ID : SA11.249257

Amount of Each Receipt this Period
40.00

CONTRIBUTION

B. MS. MAXINE JERNIGAN
Full Name (Last, First, Middle Initial)

Mailing Address 34367 E 698 TER

City WAGONER	State OK	Zip Code 74467-8393
-----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2015

Transaction ID : SA11.247233

Amount of Each Receipt this Period
50.00

CONTRIBUTION

C. ALLEN JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 715 BROOKSIDE LN

City SIERRA MADRE	State CA	Zip Code 91024-1425
----------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2015

Transaction ID : SA11.247870

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	340.00
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 61 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. LOUISE W. JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 615 ANTONIO ST
 City CLOVERDALE State CA Zip Code 95425-3112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 14 / 2015
Transaction ID : SA11.247590
 Amount of Each Receipt this Period 200.00
 CONTRIBUTION

B. MR. ROGER JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1502 E INDIAN WELLS DR
 City COLLIERVILLE State TN Zip Code 38017-3474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PILOT Occupation SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 07 / 13 / 2015
Transaction ID : SA11.247521
 Amount of Each Receipt this Period 130.00
 CONTRIBUTION

C. MR. ROGER JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1502 E INDIAN WELLS DR
 City COLLIERVILLE State TN Zip Code 38017-3474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PILOT Occupation SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248663
 Amount of Each Receipt this Period 130.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	280.00
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 62 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. KENNETH L. JONES

Mailing Address 21 MCWHORTER CIR

City State Zip Code
BREMEN GA 30110-3045

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
09 / 24 / 2015
Transaction ID : SA11.248552

Amount of Each Receipt this Period
150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. SID JONES

Mailing Address 2208 WOODDED ACRES DR

City State Zip Code
WACO TX 76710-1556

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 / 08 / 2015
Transaction ID : SA11.247358

Amount of Each Receipt this Period
150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. DAVID A. KAHL

Mailing Address 1240 NEWBURY DR

City State Zip Code
COLUMBUS OH 43229-1943

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
07 / 07 / 2015
Transaction ID : SA11.247240

Amount of Each Receipt this Period
75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00

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

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

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

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. DAVID A. KAHL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1240 NEWBURY DR
 City State Zip Code
 COLUMBUS OH 43229-1943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 610.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2015
Transaction ID : SA11.248189
 Amount of Each Receipt this Period
 75.00
 CONTRIBUTION

B. MR. DAVID A. KAHL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1240 NEWBURY DR
 City State Zip Code
 COLUMBUS OH 43229-1943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 610.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2015
Transaction ID : SA11.249021
 Amount of Each Receipt this Period
 75.00
 CONTRIBUTION

C. MR. DAVID A. KAHL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1240 NEWBURY DR
 City State Zip Code
 COLUMBUS OH 43229-1943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 610.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : SA11.249354
 Amount of Each Receipt this Period
 160.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 310.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. EUGENE KELTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2312 AMHERST ST
 City State Zip Code
 FORT COLLINS CO 80525-1826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : SA11.247543
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. DR. JAMES S. KETCHUM M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2304 FAIRBANKS DRIVE
 City State Zip Code
 SANTA ROSA CA 95403-2315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2015
Transaction ID : SA11.247819
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. MRS. MARGARET H. KEYS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3150 CINDY CIR
 City State Zip Code
 ANDERSON CA 96007-3932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 730.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : SA11.249797
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 65 OF 209
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. J PETER KIILUNEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 12500 GRAND RIVER RD
 City BRIGHTON State MI Zip Code 48116-8326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : SA11.247451
 Amount of Each Receipt this Period
 180.00
 CONTRIBUTION

B. MR. GARY C. KING
 Full Name (Last, First, Middle Initial)
 Mailing Address 455 PRESS RD
 City CHURCH HILL State TN Zip Code 37642-4616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : SA11.249404
 Amount of Each Receipt this Period
 130.00
 CONTRIBUTION

C. MS. JEAN O. KLIPPERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 9785 COUNTRY SCENE LN
 City MENTOR State OH Zip Code 44060-6605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : SA11.247421
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 360.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 66 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. JEAN O. KLIPPERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 9785 COUNTRY SCENE LN
 City MENTOR State OH Zip Code 44060-6605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11.249304
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

B. MR. BRUCE R. KNAUB
 Full Name (Last, First, Middle Initial)
 Mailing Address W2173 IRVING PARK RD
 City GREEN LAKE State WI Zip Code 54941-9543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 14 / 2015
Transaction ID : SA11.248365
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

C. MS. ALZADA KNICKERBOCKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3103 WOODS CIR
 City DAVIS State CA Zip Code 95616-2685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 28 / 2015
Transaction ID : SA11.249110
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 250.00
TOTAL This Period (last page this line number only).....▶

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

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

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

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. DAVID H. KNOLL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3651 TRASKWOOD CIR
 City State Zip Code
 CINCINNATI OH 45208-1811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : SA11.247256
 Amount of Each Receipt this Period
 230.00
 CONTRIBUTION

B. MR. GEORGE R. LANDSVERK
 Full Name (Last, First, Middle Initial)
 Mailing Address 2055 ADRIEL DRIVE
 City State Zip Code
 FORT COLLINS CO 80524-5004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2015
Transaction ID : SA11.247829
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

C. MR. GEORGE R. LANDSVERK
 Full Name (Last, First, Middle Initial)
 Mailing Address 2055 ADRIEL DRIVE
 City State Zip Code
 FORT COLLINS CO 80524-5004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2015
Transaction ID : SA11.247884
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 330.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. MR. GEORGE R. LANDSVERK
Mailing Address 2055 ADRIEL DRIVE
City State Zip Code
FORT COLLINS CO 80524-5004
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
RETIRED RETIRED
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
550.00

Date of Receipt
07 / 14 / 2015
Transaction ID : SA11.247927
Amount of Each Receipt this Period
50.00
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. GEORGE R. LANDSVERK
Mailing Address 2055 ADRIEL DRIVE
City State Zip Code
FORT COLLINS CO 80524-5004
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
RETIRED RETIRED
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
550.00

Date of Receipt
12 / 15 / 2015
Transaction ID : SA11.249665
Amount of Each Receipt this Period
50.00
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. GEORGE R. LANDSVERK
Mailing Address 2055 ADRIEL DRIVE
City State Zip Code
FORT COLLINS CO 80524-5004
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
RETIRED RETIRED
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
550.00

Date of Receipt
12 / 15 / 2015
Transaction ID : SA11.249706
Amount of Each Receipt this Period
50.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ► **150.00**
TOTAL This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 69 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. BETTE J. LAUGHRUN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2554 I RD
 City GRAND JUNCTION State CO Zip Code 81505-9531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : SA11.247448
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

B. MS. ALICE O. LEBEWOHL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5500 CALLE REAL APT 129
 City SANTA BARBARA State CA Zip Code 93111-1692
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2930.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248534
 Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

C. MS. JOYE LEHMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 663 LEHMAN ST
 City BERNE State IN Zip Code 46711-2334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DENTIST Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11.249863
 Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 70 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MRS. LILYKATE W. LIGHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 513 W. WALNUT ST
 City LANCASTER State PA Zip Code 17603-3305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 22 / 2015
Transaction ID : SA11.249064
 Amount of Each Receipt this Period 150.00
 CONTRIBUTION

B. MRS. KAREN LINCOLN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4335 W. HARRISON ROAD
 City ALMA State MI Zip Code 48801-9625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 07 / 2015
Transaction ID : SA11.248093
 Amount of Each Receipt this Period 300.00
 CONTRIBUTION

C. ANN M. LIPPINCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 CATALINA PLACE
 City CORPUS CHRISTI State TX Zip Code 78411-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INCARNATE WORD ACADEMY Occupation CATECHIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.54

Date of Receipt 07 / 14 / 2015
Transaction ID : SA11.247836
 Amount of Each Receipt this Period 20.14
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 470.14
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 71 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. ANN M. LIPPINCOTT
Full Name (Last, First, Middle Initial)

Mailing Address 322 CATALINA PLACE

City State Zip Code
CORPUS CHRISTI TX 78411-

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

Name of Employer Occupation
INCARNATE WORD ACADEMY CATECHIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.54

Date of Receipt
07 / 14 / 2015
Transaction ID : SA11.247889

Amount of Each Receipt this Period
20.14

CONTRIBUTION

B. ANN M. LIPPINCOTT
Full Name (Last, First, Middle Initial)

Mailing Address 322 CATALINA PLACE

City State Zip Code
CORPUS CHRISTI TX 78411-

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

Name of Employer Occupation
INCARNATE WORD ACADEMY CATECHIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.54

Date of Receipt
07 / 14 / 2015
Transaction ID : SA11.247932

Amount of Each Receipt this Period
20.14

CONTRIBUTION

C. ANN M. LIPPINCOTT
Full Name (Last, First, Middle Initial)

Mailing Address 322 CATALINA PLACE

City State Zip Code
CORPUS CHRISTI TX 78411-

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

Name of Employer Occupation
INCARNATE WORD ACADEMY CATECHIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.54

Date of Receipt
12 / 15 / 2015
Transaction ID : SA11.249595

Amount of Each Receipt this Period
20.14

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.42

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

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

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

FOR LINE NUMBER: PAGE 72 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. ANN M. LIPPINCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 CATALINA PLACE
 City State Zip Code
 CORPUS CHRISTI TX 78411-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INCARNATE WORD ACADEMY CATECHIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 221.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11.249626
 Amount of Each Receipt this Period
 20.14
 CONTRIBUTION

B. ANN M. LIPPINCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 CATALINA PLACE
 City State Zip Code
 CORPUS CHRISTI TX 78411-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INCARNATE WORD ACADEMY CATECHIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 221.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11.249660
 Amount of Each Receipt this Period
 20.14
 CONTRIBUTION

C. ANN M. LIPPINCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 CATALINA PLACE
 City State Zip Code
 CORPUS CHRISTI TX 78411-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INCARNATE WORD ACADEMY CATECHIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 221.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11.249701
 Amount of Each Receipt this Period
 20.14
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.42
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 73 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. DR. FREDERICK J. LLOYD M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 37245 VALGIO DR

City CALIMESA State CA Zip Code 92320-1481

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

Name of Employer SELF Occupation EMERGENCY MEDICINE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2015
Transaction ID : SA11.249051

Amount of Each Receipt this Period
 150.00

CONTRIBUTION

B. DR. FREDERICK J. LLOYD M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 37245 VALGIO DR

City CALIMESA State CA Zip Code 92320-1481

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

Name of Employer SELF Occupation EMERGENCY MEDICINE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : SA11.249294

Amount of Each Receipt this Period
 300.00

CONTRIBUTION

C. MR. JAMES P. LORENCE
Full Name (Last, First, Middle Initial)

Mailing Address 6424 HIDDEN HOLW

City HOLLAND State MI Zip Code 49423-7901

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

Name of Employer J. LORENCE & ASSOC.. Occupation INVESTMENT ADVISOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : SA11.247235

Amount of Each Receipt this Period
 130.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	580.00
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 74 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. JAMES P. LORENCE
Full Name (Last, First, Middle Initial)

Mailing Address 6424 HIDDEN HOLW

City HOLLAND State MI Zip Code 49423-7901

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

Name of Employer J. LORENCE & ASSOC.. Occupation INVESTMENT ADVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt 08 / 24 / 2015
Transaction ID : SA11.248163

Amount of Each Receipt this Period 360.00

CONTRIBUTION

B. CHEONG LUM
Full Name (Last, First, Middle Initial)

Mailing Address 5617 HALEPA PL

City HONOLULU State HI Zip Code 96821-2117

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt 12 / 01 / 2015
Transaction ID : SA11.249324

Amount of Each Receipt this Period 90.00

CONTRIBUTION

C. MS. SYLVIA J. MANSON
Full Name (Last, First, Middle Initial)

Mailing Address 113 OCEAN VIEW AVE

City SANTA CRUZ State CA Zip Code 95062-3331

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

Name of Employer SYLVIA MANSON Occupation OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 06 / 2015
Transaction ID : SA11.247298

Amount of Each Receipt this Period 50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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

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

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

FOR LINE NUMBER: PAGE 75 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. KEVIN MARSHALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 835 CENTRE ST
 City BROCKTON State MA Zip Code 02302-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248680
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. MR. JOHN J. MARTIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1451 E JENSEN ST
 City MESA State AZ Zip Code 85203-3354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248644
 Amount of Each Receipt this Period
 130.00
 CONTRIBUTION

C. MS. MARIE MASTERS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 302
 City WEBSTER State WI Zip Code 54893-0302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2015
Transaction ID : SA11.247446
 Amount of Each Receipt this Period
 65.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 445.00
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 76 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. MARIE MASTERS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 302

City WEBSTER	State WI	Zip Code 54893-0302
-----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2015
Transaction ID : SA11.248192

Amount of Each Receipt this Period
 65.00

CONTRIBUTION

B. MS. MARIE MASTERS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 302

City WEBSTER	State WI	Zip Code 54893-0302
-----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2015
Transaction ID : SA11.249066

Amount of Each Receipt this Period
 65.00

CONTRIBUTION

C. MS. MARIE MASTERS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 302

City WEBSTER	State WI	Zip Code 54893-0302
-----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : SA11.249295

Amount of Each Receipt this Period
 65.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	195.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 77 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. MARIE MASTERS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 302
 City WEBSTER State WI Zip Code 54893-0302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : SA11.249776
 Amount of Each Receipt this Period
 65.00
 CONTRIBUTION

B. MS. MARIE MASTERS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 302
 City WEBSTER State WI Zip Code 54893-0302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : SA11.249849
 Amount of Each Receipt this Period
 65.00
 CONTRIBUTION

C. MR. THOMAS C. MATHES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1315 WARREN AVE
 City JACKSON State MI Zip Code 49203-3731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : SA11.249346
 Amount of Each Receipt this Period
 35.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 165.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. DAVID W. MAURITZEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4918 TIMBERLAND DR
 City State Zip Code
 FORT WAYNE IN 46835-3940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : SA11.248760
 Amount of Each Receipt this Period
 230.00
 CONTRIBUTION

B. MS. JEANNE R. MAZAT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 JILL JENEE LN
 City State Zip Code
 LONGWOOD FL 32779-4710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : SA11.249078
 Amount of Each Receipt this Period
 30.00
 CONTRIBUTION

C. MS. JEANNE R. MAZAT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 JILL JENEE LN
 City State Zip Code
 LONGWOOD FL 32779-4710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11.249864
 Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 410.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. BARBARA J. MC DONALD
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 ALLENDALE ST
 City BELLAIRE State TX Zip Code 77401-5302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248586
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

B. MR. FRANK MCCRORY
 Full Name (Last, First, Middle Initial)
 Mailing Address 426 PARKWOOD DR
 City PRATTVILLE State AL Zip Code 36067-4025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 24 / 2015
Transaction ID : SA11.249255
 Amount of Each Receipt this Period 120.00
 CONTRIBUTION

C. MS. GAIL MCMULLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10748 IRISH GLEN TRL
 City HASLET State TX Zip Code 76052-5152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WELLS FARGO Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11.248737
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 270.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 80 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. GAIL MCMULLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10748 IRISH GLEN TRL
 City HASLET State TX Zip Code 76052-5152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WELLS FARGO SELF EMPLOYED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : SA11.249083
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. MRS. GLADYS M. MITCHELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 814 S. KINNEY AVE
 City MOUNT PLEASANT State MI Zip Code 48858-3533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 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
 10 / 16 / 2015
Transaction ID : SA11.248966
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

C. MR. DON O. MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 S.E. AVENUE S.
 City IDABEL State OK Zip Code 74745-6206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015
Transaction ID : SA11.248295
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. BELINDA MOREL
Full Name (Last, First, Middle Initial)

Mailing Address 43441 HIGHWAY 621

City GONZALES State LA Zip Code 70737-7445

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

Name of Employer NURSE Occupation NURSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : SA11.249832

Amount of Each Receipt this Period
 75.00

CONTRIBUTION

B. MRS. DARLENE A. MORROW
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 784

City GOLDENDALE State WA Zip Code 98620-0784

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 ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2015
Transaction ID : SA11.248941

Amount of Each Receipt this Period
 130.00

CONTRIBUTION

C. MS. KATHLEEN NEUMANN
Full Name (Last, First, Middle Initial)

Mailing Address 110 ORCHARD ST

City MOUNT VERNON State NY Zip Code 10552-1918

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2015
Transaction ID : SA11.247732

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	255.00
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 82 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. KATHLEEN NEUMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 ORCHARD ST
 City MOUNT VERNON State NY Zip Code 10552-1918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 08 / 25 / 2015
Transaction ID : SA11.248186
 Amount of Each Receipt this Period 130.00
 CONTRIBUTION

B. JOHN/LOIS NIXON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 118
 City GUSTAVUS State AK Zip Code 99826-0118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SALMON RIVER POTTERY Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248547
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

C. JOHN/LOIS NIXON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 118
 City GUSTAVUS State AK Zip Code 99826-0118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SALMON RIVER POTTERY Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 30 / 2015
Transaction ID : SA11.249824
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 330.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. SARAH A. NOZNIISKY
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 HARDING AVE
 City BUFFALO State NY Zip Code 14217-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 07 / 06 / 2015
Transaction ID : SA11.247164
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

B. MS. MARY OAKES
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 SAINT ANDREWS PL NE
 City WARREN State OH Zip Code 44484-6733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BOOK KEEPING Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2015
Transaction ID : SA11.249029
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

C. MS. MARY OAKES
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 SAINT ANDREWS PL NE
 City WARREN State OH Zip Code 44484-6733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BOOK KEEPING Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 24 / 2015
Transaction ID : SA11.249254
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 84 OF 209
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. MS. MARGUERITE C. OLEYAR

Mailing Address 41780 BUTTERFIELD STAGE RD

City State Zip Code
TEMECULA CA 92592-9206

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248617

Amount of Each Receipt this Period
130.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MS. MARGUERITE C. OLEYAR

Mailing Address 41780 BUTTERFIELD STAGE RD

City State Zip Code
TEMECULA CA 92592-9206

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : SA11.249037

Amount of Each Receipt this Period
130.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. ROGER E. OLSON

Mailing Address P.O. BOX 7

City State Zip Code
GLENVILLE MN 56036-0007

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF(

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : SA11.248872

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 360.00

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

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

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

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

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. MARY K. PARRISH
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 SUGAR CREEK CT
 City NORTH LITTLE ROCK State AR Zip Code 72116-6351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11.248772
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

B. DAVID PATTERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11586 S. KIRKWOOD RD.
 City STAFFORD State TX Zip Code 77477-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FLOORING BY PATTERSON Occupation MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.54

Date of Receipt 07 / 14 / 2015
Transaction ID : SA11.247834
 Amount of Each Receipt this Period 20.14
 CONTRIBUTION

C. DAVID PATTERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11586 S. KIRKWOOD RD.
 City STAFFORD State TX Zip Code 77477-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FLOORING BY PATTERSON Occupation MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.54

Date of Receipt 07 / 14 / 2015
Transaction ID : SA11.247888
 Amount of Each Receipt this Period 20.14
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 140.28
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 86 OF 209
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. DAVID PATTERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11586 S. KIRKWOOD RD.
 City STAFFORD State TX Zip Code 77477-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FLOORING BY PATTERSON Occupation MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2015
Transaction ID : SA11.247931
 Amount of Each Receipt this Period
 20.14
 CONTRIBUTION

B. DAVID PATTERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11586 S. KIRKWOOD RD.
 City STAFFORD State TX Zip Code 77477-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FLOORING BY PATTERSON Occupation MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11.249596
 Amount of Each Receipt this Period
 20.14
 CONTRIBUTION

C. DAVID PATTERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11586 S. KIRKWOOD RD.
 City STAFFORD State TX Zip Code 77477-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FLOORING BY PATTERSON Occupation MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11.249627
 Amount of Each Receipt this Period
 20.14
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.42
TOTAL This Period (last page this line number only)..... ▶

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

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

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

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. DAVID PATTERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11586 S. KIRKWOOD RD.
 City STAFFORD State TX Zip Code 77477-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FLOORING BY PATTERSON Occupation MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11.249661
 Amount of Each Receipt this Period
 20.14
 CONTRIBUTION

B. DAVID PATTERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11586 S. KIRKWOOD RD.
 City STAFFORD State TX Zip Code 77477-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FLOORING BY PATTERSON Occupation MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11.249702
 Amount of Each Receipt this Period
 20.14
 CONTRIBUTION

C. MR. DAVID PAULING
 Full Name (Last, First, Middle Initial)
 Mailing Address 4252 RIGEL AVE
 City LOMPOC State CA Zip Code 93436-1223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : SA11.249477
 Amount of Each Receipt this Period
 75.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.28
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 88 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. ANGELA J. PECHERO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2312 LA CONDESA
 City State Zip Code
 EDINBURG TX 78539-6557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RGVO-REJUVENATE REGISTERED NURSE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015
Transaction ID : SA11.247088
 Amount of Each Receipt this Period
 75.00
 CONTRIBUTION

B. MS. ANGELA J. PECHERO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2312 LA CONDESA
 City State Zip Code
 EDINBURG TX 78539-6557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RGVO-REJUVENATE REGISTERED NURSE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248683
 Amount of Each Receipt this Period
 75.00
 CONTRIBUTION

C. MS. ANGELA J. PECHERO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2312 LA CONDESA
 City State Zip Code
 EDINBURG TX 78539-6557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RGVO-REJUVENATE REGISTERED NURSE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : SA11.249104
 Amount of Each Receipt this Period
 75.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. ANGELA J. PECHERO
Full Name (Last, First, Middle Initial)

Mailing Address 2312 LA CONDESA

City EDINBURG State TX Zip Code 78539-6557

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

Name of Employer RGVO-REJUVENATE Occupation REGISTERED NURSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : SA11.249417

Amount of Each Receipt this Period
 230.00

CONTRIBUTION

B. LEWIS PEMBERTON
Full Name (Last, First, Middle Initial)

Mailing Address 9820 STONEBRIDGE DR.

City YUKON State OK Zip Code 73099-3247

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

Name of Employer MIKE JORDAN CO. Occupation SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2015
Transaction ID : SA11.247862

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

C. LEWIS PEMBERTON
Full Name (Last, First, Middle Initial)

Mailing Address 9820 STONEBRIDGE DR.

City YUKON State OK Zip Code 73099-3247

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

Name of Employer MIKE JORDAN CO. Occupation SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2015
Transaction ID : SA11.247911

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	330.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 90 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. LEWIS PEMBERTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 9820 STONEBRIDGE DR.
 City YUKON State OK Zip Code 73099-3247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MIKE JORDAN CO. Occupation SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 15 / 2015
Transaction ID : SA11.249578
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

B. LEWIS PEMBERTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 9820 STONEBRIDGE DR.
 City YUKON State OK Zip Code 73099-3247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MIKE JORDAN CO. Occupation SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 15 / 2015
Transaction ID : SA11.249610
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

C. LEWIS PEMBERTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 9820 STONEBRIDGE DR.
 City YUKON State OK Zip Code 73099-3247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MIKE JORDAN CO. Occupation SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 15 / 2015
Transaction ID : SA11.249641
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. LEWIS PEMBERTON
Full Name (Last, First, Middle Initial)

Mailing Address 9820 STONEBRIDGE DR.

City YUKON	State OK	Zip Code 73099-3247
---------------	-------------	------------------------

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

Name of Employer MIKE JORDAN CO.	Occupation SALES
-------------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
12 / 15 / 2015
Transaction ID : SA11.249680

Amount of Each Receipt this Period
50.00

CONTRIBUTION

B. LEWIS PEMBERTON
Full Name (Last, First, Middle Initial)

Mailing Address 9820 STONEBRIDGE DR.

City YUKON	State OK	Zip Code 73099-3247
---------------	-------------	------------------------

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

Name of Employer MIKE JORDAN CO.	Occupation SALES
-------------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
12 / 15 / 2015
Transaction ID : SA11.249723

Amount of Each Receipt this Period
50.00

CONTRIBUTION

C. MS. PATRICIA PERKOWSKI
Full Name (Last, First, Middle Initial)

Mailing Address 6 CANTILENA

City SAN CLEMENTE	State CA	Zip Code 92673-2738
----------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED AS WELL	Occupation NURSE
---	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
07 / 16 / 2015
Transaction ID : SA11.247653

Amount of Each Receipt this Period
150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. PATRICIA PERKOWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 CANTILENA
 City SAN CLEMENTE State CA Zip Code 92673-2738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED AS WELL Occupation NURSE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **12 / 15 / 2015**
Transaction ID : SA11.249506
 Amount of Each Receipt this Period **150.00**
 CONTRIBUTION

B. MS. NETTIE J. PERRY
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 196
 City ILA State GA Zip Code 30647-0196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **760.00**

Date of Receipt **07 / 09 / 2015**
Transaction ID : SA11.247401
 Amount of Each Receipt this Period **130.00**
 CONTRIBUTION

C. MS. DIANE K. PULITO
 Full Name (Last, First, Middle Initial)
 Mailing Address 15295 CORSINI LN
 City NAPLES State FL Zip Code 34110-2707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VOLUNTEER Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **335.00**

Date of Receipt **09 / 24 / 2015**
Transaction ID : SA11.248553
 Amount of Each Receipt this Period **100.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	380.00
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 93 OF 209
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. DEBORAH QUALLS
Full Name (Last, First, Middle Initial)
Mailing Address 3230 COOL BRANCH ROAD

City CHURCHVILLE	State MD	Zip Code 21028-1110
---------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2015

Transaction ID : SA11.247837

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B. DEBORAH QUALLS
Full Name (Last, First, Middle Initial)
Mailing Address 3230 COOL BRANCH ROAD

City CHURCHVILLE	State MD	Zip Code 21028-1110
---------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2015

Transaction ID : SA11.247891

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C. DEBORAH QUALLS
Full Name (Last, First, Middle Initial)
Mailing Address 3230 COOL BRANCH ROAD

City CHURCHVILLE	State MD	Zip Code 21028-1110
---------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2015

Transaction ID : SA11.247933

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 94 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. DEBORAH QUALLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3230 COOL BRANCH ROAD
 City CHURCHVILLE State MD Zip Code 21028-1110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 15 / 2015
Transaction ID : SA11.249594
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

B. DEBORAH QUALLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3230 COOL BRANCH ROAD
 City CHURCHVILLE State MD Zip Code 21028-1110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 15 / 2015
Transaction ID : SA11.249625
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

C. DEBORAH QUALLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3230 COOL BRANCH ROAD
 City CHURCHVILLE State MD Zip Code 21028-1110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 15 / 2015
Transaction ID : SA11.249658
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 95 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. DEBORAH QUALLS

Mailing Address 3230 COOL BRANCH ROAD

City State Zip Code
CHURCHVILLE MD 21028-1110

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11.249700

Amount of Each Receipt this Period
50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MS. MARJORIE B. RADFORD

Mailing Address 5118 6TH ST N

City State Zip Code
ARLINGTON VA 22203-1401

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 07 / 2015
Transaction ID : SA11.247220

Amount of Each Receipt this Period
25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MS. MARJORIE B. RADFORD

Mailing Address 5118 6TH ST N

City State Zip Code
ARLINGTON VA 22203-1401

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248452

Amount of Each Receipt this Period
25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00

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

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

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

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(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. MARJORIE B. RADFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5118 6TH ST N
 City ARLINGTON State VA Zip Code 22203-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11.249858
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. MARLIYN RADTKE
 Full Name (Last, First, Middle Initial)
 Mailing Address W176N12452 FOND DU LAC AVE
 City GERMANTOWN State WI Zip Code 53022-1821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer W&E RADTKE INC. Occupation OFFICE WORK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 01 / 2015
Transaction ID : SA11.248796
 Amount of Each Receipt this Period 85.00
 CONTRIBUTION

C. MR. THERON E. RAGSDALE
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 RIVERS CT
 City OAK RIDGE State TN Zip Code 37830-7275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 08 / 28 / 2015
Transaction ID : SA11.248223
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 160.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 97 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. THERON E. RAGSDALE
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 RIVERS CT
 City OAK RIDGE State TN Zip Code 37830-7275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248604
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

B. MR. THERON E. RAGSDALE
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 RIVERS CT
 City OAK RIDGE State TN Zip Code 37830-7275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 30 / 2015
Transaction ID : SA11.249124
 Amount of Each Receipt this Period 30.00
 CONTRIBUTION

C. MR. THERON E. RAGSDALE
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 RIVERS CT
 City OAK RIDGE State TN Zip Code 37830-7275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11.249288
 Amount of Each Receipt this Period 40.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 209
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. THERON E. RAGSDALE
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 RIVERS CT
 City OAK RIDGE State TN Zip Code 37830-7275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **12 / 02 / 2015**
Transaction ID : SA11.249343
 Amount of Each Receipt this Period 300.00
 CONTRIBUTION

B. MRS. MARGARET RANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11212 WESTPARK DR APT 1114
 City HOUSTON State TX Zip Code 77042-5077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **08 / 26 / 2015**
Transaction ID : SA11.248200
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

C. MRS. MARGARET RANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11212 WESTPARK DR APT 1114
 City HOUSTON State TX Zip Code 77042-5077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **10 / 22 / 2015**
Transaction ID : SA11.249046
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	230.00
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 99 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MRS. MARGARET RANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11212 WESTPARK DR APT 1114

City HOUSTON	State TX	Zip Code 77042-5077
-----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : SA11.249416

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

B. MR. DONALD E. REEG
 Full Name (Last, First, Middle Initial)
 Mailing Address 2350 N POWERS BLVD

City COLORADO SPRINGS	State CO	Zip Code 80915-1505
--------------------------	-------------	------------------------

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

Name of Employer TRISTAR MASONRY	Occupation CONTRACT SPECIALIST
-------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : SA11.248867

Amount of Each Receipt this Period
 130.00

CONTRIBUTION

C. MR. GLENN RICHEY
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1009

City OROFINO	State ID	Zip Code 83544-1009
-----------------	-------------	------------------------

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

Name of Employer DENTIST	Occupation SELF EMPLOYED
-----------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248678

Amount of Each Receipt this Period
 75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	255.00
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 100 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. DAVID A. ROBERTS
Full Name (Last, First, Middle Initial)

Mailing Address 4653 PINEHURST CIR

City State Zip Code
CENTER VALLEY PA 18034-8430

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

Name of Employer Occupation
RET. RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
10 / 21 / 2015
Transaction ID : SA11.249036

Amount of Each Receipt this Period
75.00

CONTRIBUTION

B. MR. DAVID A. ROBERTS
Full Name (Last, First, Middle Initial)

Mailing Address 4653 PINEHURST CIR

City State Zip Code
CENTER VALLEY PA 18034-8430

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

Name of Employer Occupation
RET. RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
12 / 29 / 2015
Transaction ID : SA11.249799

Amount of Each Receipt this Period
50.00

CONTRIBUTION

C. MS. NANETTE RODGERS
Full Name (Last, First, Middle Initial)

Mailing Address 1325 N LAKE ELBERT DR NE

City State Zip Code
WINTER HAVEN FL 33881-4386

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

Name of Employer Occupation
RET. RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 30 / 2015
Transaction ID : SA11.249821

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 101 OF 209
	(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

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. ARNOLD ROLFSRUD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17934 W SKYLINE DR
 City SURPRISE State AZ Zip Code 85374-1915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248629
 Amount of Each Receipt this Period 235.00
 CONTRIBUTION

B. MS. MARY P. RUPPERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 717 MANATAWNA AVE
 City PHILADELPHIA State PA Zip Code 19128-1020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 06 / 2015
Transaction ID : SA11.247154
 Amount of Each Receipt this Period 35.00
 CONTRIBUTION

C. MS. MARY P. RUPPERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 717 MANATAWNA AVE
 City PHILADELPHIA State PA Zip Code 19128-1020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 21 / 2015
Transaction ID : SA11.249033
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	320.00
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 102 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. MARY P. RUPPERT
Full Name (Last, First, Middle Initial)

Mailing Address 717 MANATAWNA AVE

City PHILADELPHIA	State PA	Zip Code 19128-1020
----------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : SA11.249419

Amount of Each Receipt this Period
25.00

CONTRIBUTION

B. MS. ELISE G. RYAN
Full Name (Last, First, Middle Initial)

Mailing Address 31 WILLIAM ST

City ROCKAWAY	State NJ	Zip Code 07866-1925
------------------	-------------	------------------------

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

Name of Employer TEXT BOOK DESIGNER	Occupation RETIRED
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
455.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : SA11.248832

Amount of Each Receipt this Period
125.00

CONTRIBUTION

C. MS. SANDRA RYAN
Full Name (Last, First, Middle Initial)

Mailing Address 5005 E CRESCENT DR

City ANAHEIM	State CA	Zip Code 92807-3631
-----------------	-------------	------------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
860.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : SA11.248529

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. DR. DOMINICK SAMPOGNA
 Full Name (Last, First, Middle Initial)
 Mailing Address 251 GREAT RIVER RD
 City State Zip Code
 GREAT RIVER NY 11739-3011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DR. DOMINICK SAMPOGNA - SELF -EMPLOY DOCTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2015
Transaction ID : SA11.249001
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. MRS. PATSY R. SANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3291 FLORINDA ST.
 City State Zip Code
 POMONA CA 91767-1015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : SA11.248338
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

C. MRS. PATSY R. SANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3291 FLORINDA ST.
 City State Zip Code
 POMONA CA 91767-1015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2015
Transaction ID : SA11.248933
 Amount of Each Receipt this Period
 60.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 185.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. ROSE SANDERS
Full Name (Last, First, Middle Initial)
Mailing Address 1317 GENEVA AVE

City YUBA CITY	State CA	Zip Code 95991-
-------------------	-------------	--------------------

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

Name of Employer SUTTER MEMORIAL HOSPITAL	Occupation NURSE
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2015

Transaction ID : SA11.247850

Amount of Each Receipt this Period

20.14

CONTRIBUTION

B. ROSE SANDERS
Full Name (Last, First, Middle Initial)
Mailing Address 1317 GENEVA AVE

City YUBA CITY	State CA	Zip Code 95991-
-------------------	-------------	--------------------

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

Name of Employer SUTTER MEMORIAL HOSPITAL	Occupation NURSE
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2015

Transaction ID : SA11.247907

Amount of Each Receipt this Period

20.14

CONTRIBUTION

C. ROSE SANDERS
Full Name (Last, First, Middle Initial)
Mailing Address 1317 GENEVA AVE

City YUBA CITY	State CA	Zip Code 95991-
-------------------	-------------	--------------------

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

Name of Employer SUTTER MEMORIAL HOSPITAL	Occupation NURSE
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2015

Transaction ID : SA11.249646

Amount of Each Receipt this Period

20.14

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	60.42
TOTAL This Period (last page this line number only).....▶	

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

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

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

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. ROSE SANDERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1317 GENEVA AVE
 City YUBA CITY State CA Zip Code 95991-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUTTER MEMORIAL HOSPITAL Occupation NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 201.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11.249688
 Amount of Each Receipt this Period
 201.40
 CONTRIBUTION

B. ROSE SANDERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1317 GENEVA AVE
 City YUBA CITY State CA Zip Code 95991-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUTTER MEMORIAL HOSPITAL Occupation NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 201.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : SA11.249728
 Amount of Each Receipt this Period
 201.40
 CONTRIBUTION

C. MS. JUDY SCARBROUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 306 SW 12TH ST
 City ANDREWS State TX Zip Code 79714-6705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248492
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.28
TOTAL This Period (last page this line number only)..... ▶

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

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. JUDY SCARBROUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 306 SW 12TH ST
 City ANDREWS State TX Zip Code 79714-6705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : SA11.249543
 Amount of Each Receipt this Period
 75.00
 CONTRIBUTION

B. MS. JAYNE W. SCARDELLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 20864 OLD TOWN RD
 City TEHACHAPI State CA Zip Code 93561-8833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOME Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248641
 Amount of Each Receipt this Period
 75.00
 CONTRIBUTION

C. MS. JAYNE W. SCARDELLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 20864 OLD TOWN RD
 City TEHACHAPI State CA Zip Code 93561-8833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOME Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : SA11.249442
 Amount of Each Receipt this Period
 130.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 280.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. LEE SCHMUCKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 707 W 26TH ST
 City LA JUNTA State CO Zip Code 81050-3802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF GENERAL AND FAMILY PRACTICE Occupation DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1280.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248653
 Amount of Each Receipt this Period 360.00
 CONTRIBUTION

B. MR. LEE SCHMUCKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 707 W 26TH ST
 City LA JUNTA State CO Zip Code 81050-3802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF GENERAL AND FAMILY PRACTICE Occupation DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1280.00

Date of Receipt 10 / 21 / 2015
Transaction ID : SA11.249028
 Amount of Each Receipt this Period 360.00
 CONTRIBUTION

C. MS. CAROL SCHULTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 2806 ARBOR DR APT 1
 City MADISON State WI Zip Code 53711-1890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2015
Transaction ID : SA11.248746
 Amount of Each Receipt this Period 150.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 870.00
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 108 OF 209
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. ROBERT SHAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 LANGDON ST
 City NEWTON State MA Zip Code 02458-1983
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2015
Transaction ID : SA11.247162
 Amount of Each Receipt this Period
 75.00
 CONTRIBUTION

B. MR. ROBERT SHAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 LANGDON ST
 City NEWTON State MA Zip Code 02458-1983
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2015
Transaction ID : SA11.248198
 Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

C. MR. ROBERT SHAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 LANGDON ST
 City NEWTON State MA Zip Code 02458-1983
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : SA11.249105
 Amount of Each Receipt this Period
 60.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 285.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. MR. ROBERT SHAW

Mailing Address 126 LANGDON ST

City State Zip Code
NEWTON MA 02458-1983

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 14 / 2015
Transaction ID : SA11.249468

Amount of Each Receipt this Period

 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. WILLIAM J. SHEEHAN

Mailing Address 18 BREWSTER ROAD

City State Zip Code
WELLESLEY HILLS MA 02481-5302

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

Name of Employer Occupation
SELF-EMPLOYED SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 25 / 2015
Transaction ID : SA11.249259

Amount of Each Receipt this Period

 100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. WILLIAM J. SHEEHAN

Mailing Address 18 BREWSTER ROAD

City State Zip Code
WELLESLEY HILLS MA 02481-5302

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

Name of Employer Occupation
SELF-EMPLOYED SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 30 / 2015
Transaction ID : SA11.249830

Amount of Each Receipt this Period

 75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶
 225.00

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

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

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

FOR LINE NUMBER: PAGE 110 OF 209
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. THOMAS SHUMAKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1539 N CROWDER RD
 City COVINGTON State IN Zip Code 47932-8150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 25 / 2015
Transaction ID : SA11.248185
 Amount of Each Receipt this Period 75.00
 CONTRIBUTION

B. MR. THOMAS SHUMAKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1539 N CROWDER RD
 City COVINGTON State IN Zip Code 47932-8150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 22 / 2015
Transaction ID : SA11.249757
 Amount of Each Receipt this Period 75.00
 CONTRIBUTION

C. MS. ARLENE F. SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 WOODVIEW DR
 City LANSING State MI Zip Code 48911-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 07 / 13 / 2015
Transaction ID : SA11.247522
 Amount of Each Receipt this Period 75.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 111 OF 209
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. ARLENE F. SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 WOODVIEW DR
 City LANSING State MI Zip Code 48911-1787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11.248763
 Amount of Each Receipt this Period 130.00
 CONTRIBUTION

B. MR. KENNETH M. SMITH SR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1103 W COURT ST
 City WINNFIELD State LA Zip Code 71483-2680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 22 / 2015
Transaction ID : SA11.249059
 Amount of Each Receipt this Period 230.00
 CONTRIBUTION

C. MS. MARTHA L. SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 BELLE LN
 City PORT LAVACA State TX Zip Code 77979-2000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 28 / 2015
Transaction ID : SA11.248221
 Amount of Each Receipt this Period 300.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 660.00
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 112 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. MS. MARTHA L. SMITH

Mailing Address 109 BELLE LN

City State Zip Code
PORT LAVACA TX 77979-2000

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

Name of Employer Occupation
RETIRED HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248532

Amount of Each Receipt this Period
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. WILLIAM M. STAIB

Mailing Address 4544 POST OAK PLACE DR
SIUTE 180

City State Zip Code
HOUSTON TX 77027-3161

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

Name of Employer Occupation
REFUSED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 09 / 2015
Transaction ID : SA11.248902

Amount of Each Receipt this Period
360.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. ROGER L. STINE

Mailing Address 5154 ROBIN RD

City State Zip Code
DOVER PA 17315-3948

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

Name of Employer Occupation
CONTRUCTION SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 06 / 2015
Transaction ID : SA11.247165

Amount of Each Receipt this Period
150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 810.00

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 113 OF 209
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. HOWELL E. STONE
Full Name (Last, First, Middle Initial)

Mailing Address 4102 RANCHO VISTA DR

City PASADENA	State TX	Zip Code 77504-2331
------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11.248237

Amount of Each Receipt this Period

90.00

CONTRIBUTION

B. MR. HOWELL E. STONE
Full Name (Last, First, Middle Initial)

Mailing Address 4102 RANCHO VISTA DR

City PASADENA	State TX	Zip Code 77504-2331
------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

Transaction ID : SA11.248659

Amount of Each Receipt this Period

90.00

CONTRIBUTION

C. MR. JAMES W. STRICKLAND
Full Name (Last, First, Middle Initial)

Mailing Address 4621 SUMMERSONG RD

City ZIONSVILLE	State IN	Zip Code 46077-8004
--------------------	-------------	------------------------

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

Name of Employer ST FRANCIS HOSPITAL	Occupation DOCTOR
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2015

Transaction ID : SA11.248182

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	255.00
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 114 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. JAMES W. STRICKLAND
Full Name (Last, First, Middle Initial)

Mailing Address 4621 SUMMERSONG RD

City ZIONSVILLE State IN Zip Code 46077-8004

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

Name of Employer ST FRANCIS HOSPITAL Occupation DOCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : SA11.249290

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

B. MS. JUDY G. STRICKLAND
Full Name (Last, First, Middle Initial)

Mailing Address 3110 CAMELLIA ROSE DR UNIT 211

City FORT WORTH State TX Zip Code 76116-0941

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

Name of Employer R Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2015

Transaction ID : SA11.247308

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

C. MR. GERALD R. SWANSON
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 369

City MEDINA State WA Zip Code 98039-0369

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015

Transaction ID : SA11.248797

Amount of Each Receipt this Period
 360.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	560.00
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 115 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. JOAQUIN C. TARANCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 7201 SW 5TH ST
 City PLANTATION State FL Zip Code 33317-3812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248635
 Amount of Each Receipt this Period 130.00
 CONTRIBUTION

B. MR. JOAQUIN C. TARANCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 7201 SW 5TH ST
 City PLANTATION State FL Zip Code 33317-3812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 12 / 30 / 2015
Transaction ID : SA11.249850
 Amount of Each Receipt this Period 130.00
 CONTRIBUTION

C. MR. GE TAYLOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2314 LIVE OAK ST
 City SAN ANGELO State TX Zip Code 76901-4229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11.248735
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 310.00
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 116 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. MR. GE TAYLOR
 Mailing Address 2314 LIVE OAK ST
 City State Zip Code
 SAN ANGELO TX 76901-4229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2015
Transaction ID : SA11.249251
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MS. JACQUELINE R. TAYLOR
 Mailing Address 2365 PEACHWOOD CIR NE
 City State Zip Code
 ATLANTA GA 30345-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : SA11.249030
 Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MRS. LUCY R. THOMPSON
 Mailing Address 7 GLENEAGLES
 City State Zip Code
 SHOAL CREEK AL 35242-5913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HOMEMAKER HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11.247124
 Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 117 OF 209
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. MS. ANNE M. THORREZ

Mailing Address P.O. BOX 307

City State Zip Code
CONCORD MI 49237-0307

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
620.00

Date of Receipt
 / /
 10 / 13 / 2015
Transaction ID : SA11.248929

Amount of Each Receipt this Period

 130.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. ENOCH THORSGARD

Mailing Address 325 39TH ST NE

City State Zip Code
NORTHWOOD ND 58267-9563

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

Name of Employer Occupation
SELF SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
 / /
 07 / 09 / 2015
Transaction ID : SA11.247398

Amount of Each Receipt this Period

 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. ENOCH THORSGARD

Mailing Address 325 39TH ST NE

City State Zip Code
NORTHWOOD ND 58267-9563

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

Name of Employer Occupation
SELF SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
 / /
 09 / 24 / 2015
Transaction ID : SA11.248657

Amount of Each Receipt this Period

 75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 255.00

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 118 OF 209
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. ENOCH THORSGARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 39TH ST NE
 City NORTHWOOD State ND Zip Code 58267-9563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **320.00**

Date of Receipt **11 / 25 / 2015**
Transaction ID : SA11.249261
 Amount of Each Receipt this Period **35.00**
 CONTRIBUTION

B. MS. KETURAH A. THUNDER-HAAB
 Full Name (Last, First, Middle Initial)
 Mailing Address 436 PINE BRAE ST
 City ANN ARBOR State MI Zip Code 48105-2723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **205.00**

Date of Receipt **09 / 14 / 2015**
Transaction ID : SA11.248364
 Amount of Each Receipt this Period **100.00**
 CONTRIBUTION

C. MS. VIRGINIA M. TIPTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1715 GREEN MEADOW DR.
 City JEFFERSON CITY State MO Zip Code 65101-2311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **395.00**

Date of Receipt **08 / 27 / 2015**
Transaction ID : SA11.248206
 Amount of Each Receipt this Period **100.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	235.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. JOHN S. TOWNSEND
 Full Name (Last, First, Middle Initial)
 Mailing Address 8306 ROAD 3.2 NE
 City State Zip Code
 MOSES LAKE WA 98837-7801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 430.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : SA11.249473
 Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

B. MS. JUNE R. TRAVAILLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 18888 N RIPON RD
 City State Zip Code
 RIPON CA 95366-9745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RET. RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : SA11.247243
 Amount of Each Receipt this Period
 45.00
 CONTRIBUTION

C. MS. JUNE R. TRAVAILLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 18888 N RIPON RD
 City State Zip Code
 RIPON CA 95366-9745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RET. RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2015
Transaction ID : SA11.249020
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 295.00
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 120 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. JUNE R. TRAVAILLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 18888 N RIPON RD
 City RIPON State CA Zip Code 95366-9745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RET. Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : SA11.249470
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. MR. RICHARD W. TREU
 Full Name (Last, First, Middle Initial)
 Mailing Address 2626 GRANDVIEW PL
 City ENDICOTT State NY Zip Code 13760-7026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : SA11.248350
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. MR. RICHARD W. TREU
 Full Name (Last, First, Middle Initial)
 Mailing Address 2626 GRANDVIEW PL
 City ENDICOTT State NY Zip Code 13760-7026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2015
Transaction ID : SA11.249131
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 121 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. MARGARET H. TRUESDALE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2951 CAMINO DE LAS PIEDRAS
 City State Zip Code
 EL CAJON CA 92019-2853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : SA11.248840A
 Amount of Each Receipt this Period
 375.00
 CONTRIBUTION
 CHARGED BACK \$375.00 ON 09/28/2015

B. MS. MARGARET H. TRUESDALE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2951 CAMINO DE LAS PIEDRAS
 City State Zip Code
 EL CAJON CA 92019-2853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2015
Transaction ID : SA11.248840B
 Amount of Each Receipt this Period
 -375.00
 CONTRIBUTION
 CHARGED BACK

C. MS. SANDRA E. TYGERHOUBLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 CHAMBERS AVE
 City State Zip Code
 GREENVILLE PA 16125-1863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RET. RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : SA11.248236
 Amount of Each Receipt this Period
 60.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
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 122 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. SANDRA E. TYGERHOUBLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 CHAMBERS AVE
 City GREENVILLE State PA Zip Code 16125-1863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RET. Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248655
 Amount of Each Receipt this Period 60.00
 CONTRIBUTION

B. MS. DORIS E. VAN DYKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 108TH AVE NE
 City BELLEVUE State WA Zip Code 98004-3618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt 12 / 07 / 2015
Transaction ID : SA11.249378
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

C. MRS. CHRISTINE A. VIGIL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1452 S ELLSWORTH RD # 2963
 City MESA State AZ Zip Code 85209-3700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 05 / 2015
Transaction ID : SA11.248833
 Amount of Each Receipt this Period 180.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 490.00
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 123 OF 209
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MRS. LOIS WALRATH
Full Name (Last, First, Middle Initial)

Mailing Address 400 LAMB AVE., APT. 124

City CANASTOTA State NY Zip Code 13032-1054

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2015

Transaction ID : SA11.247442

Amount of Each Receipt this Period
360.00

CONTRIBUTION

B. MR. RICHARD A. WALZ
Full Name (Last, First, Middle Initial)

Mailing Address W4898 N KINNEY COULEE RD

City ONALASKA State WI Zip Code 54650-8613

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

Name of Employer SELF EMPLOYED Occupation INFORMATION REQUESTED PER BEST EFF

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
09 / 24 / 2015

Transaction ID : SA11.248538

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. MS. LINDA WATKINS
Full Name (Last, First, Middle Initial)

Mailing Address 934 POP NOAH RD

City COLLINSVILLE State TX Zip Code 76233-3328

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

Name of Employer SELF Occupation SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2015

Transaction ID : SA11.248227

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	960.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. LINDA WATKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 934 POP NOAH RD
 City COLLINSVILLE State TX Zip Code 76233-3328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248554
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

B. MR. JOHN WAVELL
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 727
 City LOS ALAMITOS State CA Zip Code 90720-0727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WAVELL-HUBER Occupation BUSINESSMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248571
 Amount of Each Receipt this Period 200.00
 CONTRIBUTION

C. MR. JOHN WAVELL
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 727
 City LOS ALAMITOS State CA Zip Code 90720-0727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WAVELL-HUBER Occupation BUSINESSMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 26 / 2015
Transaction ID : SA11.249089
 Amount of Each Receipt this Period 200.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 125 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MR. CHARLES J. WEIR
 Full Name (Last, First, Middle Initial)
 Mailing Address 19355 CYPRESS RIDGE TER UNIT 806
 City LEESBURG State VA Zip Code 20176-6916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00
 Date of Receipt 08 / 25 / 2015
Transaction ID : SA11.248177
 Amount of Each Receipt this Period 60.00
 CONTRIBUTION

B. MR. CHARLES J. WEIR
 Full Name (Last, First, Middle Initial)
 Mailing Address 19355 CYPRESS RIDGE TER UNIT 806
 City LEESBURG State VA Zip Code 20176-6916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00
 Date of Receipt 10 / 26 / 2015
Transaction ID : SA11.249085
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

C. MS. JOAN WHITE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1517 SPINNAKER LN
 City HALF MOON BAY State CA Zip Code 94019-1556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TEACHER Occupation TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00
 Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248651
 Amount of Each Receipt this Period 230.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 340.00
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 126 OF 209
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. HAZEL K. WHITMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 41329 LAGOON CT
 City NORTHVILLE State MI Zip Code 48167-1923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 07 / 20 / 2015
Transaction ID : SA11.247728
 Amount of Each Receipt this Period 25.00
 CONTRIBUTION

B. MS. HAZEL K. WHITMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 41329 LAGOON CT
 City NORTHVILLE State MI Zip Code 48167-1923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11.248626
 Amount of Each Receipt this Period 25.00
 CONTRIBUTION

C. MS. HAZEL K. WHITMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 41329 LAGOON CT
 City NORTHVILLE State MI Zip Code 48167-1923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 22 / 2015
Transaction ID : SA11.249039
 Amount of Each Receipt this Period 10.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
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 127 OF 209
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. HAZEL K. WHITMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 41329 LAGOON CT
 City NORTHVILLE State MI Zip Code 48167-1923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 12 / 14 / 2015
Transaction ID : SA11.249482
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

B. MS. VICKI WILKINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 2728
 City CHINO VALLEY State AZ Zip Code 86323-2701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 26 / 2015
Transaction ID : SA11.249090
 Amount of Each Receipt this Period 75.00
 CONTRIBUTION

C. MRS. CARRIE E. WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 76280
 City NEWPORT State KY Zip Code 41076-0280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 07 / 17 / 2015
Transaction ID : SA11.247719
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 128 OF 209
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MRS. CARRIE E. WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 76280
 City NEWPORT State KY Zip Code 41076-0280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2100.00

Date of Receipt
 08 / 14 / 2015
Transaction ID : SA11.248116
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. MS. PHYLLIS G. WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1175 ASHEFORD GREEN AVE NW
 City CONCORD State NC Zip Code 28027-8189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AUTOMATION AMISTRAVIE IN CORPRATED INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 235.00

Date of Receipt
 09 / 24 / 2015
Transaction ID : SA11.248643
 Amount of Each Receipt this Period
 235.00
 CONTRIBUTION

C. MS. BARBARA J. WINTERLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 212
 City FAIRBURY State IL Zip Code 61739-0212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 960.00

Date of Receipt
 10 / 22 / 2015
Transaction ID : SA11.249047
 Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2535.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. MR. ALAN J. WORKMAN

Mailing Address 17720 COBBLEFIELD LANE

City State Zip Code
SPRING LAKE MI 49456-9264

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2015
Transaction ID : SA11.247330

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. ALAN J. WORKMAN

Mailing Address 17720 COBBLEFIELD LANE

City State Zip Code
SPRING LAKE MI 49456-9264

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015
Transaction ID : SA11.249097

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MS. HELEN Y. WRIGHT

Mailing Address 1932 WOODLAND CT SE

City State Zip Code
LACEY WA 98503-2589

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11.248618

Amount of Each Receipt this Period
75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00

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

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

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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. MS. HELEN Y. WRIGHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1932 WOODLAND CT SE
 City LACEY State WA Zip Code 98503-2589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 21 / 2015
Transaction ID : SA11.249557
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. MS. ALICE M. YOUNGBLOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2016 MAIN ST APT 2606
 City HOUSTON State TX Zip Code 77002-8948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 21 / 2015
Transaction ID : SA11.249032
 Amount of Each Receipt this Period 75.00
 CONTRIBUTION

C. MS. ALICE M. YOUNGBLOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2016 MAIN ST APT 2606
 City HOUSTON State TX Zip Code 77002-8948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 25 / 2015
Transaction ID : SA11.249264
 Amount of Each Receipt this Period 200.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 209
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. ROBIN YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 2312 MARTHA DR.

City CONWAY State AR Zip Code 72032-8500

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

Name of Employer NONE Occupation HOUSEWIFE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2015
Transaction ID : SA11.247821

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. ROBIN YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 2312 MARTHA DR.

City CONWAY State AR Zip Code 72032-8500

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

Name of Employer NONE Occupation HOUSEWIFE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2015
Transaction ID : SA11.247880

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. ROBIN YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 2312 MARTHA DR.

City CONWAY State AR Zip Code 72032-8500

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

Name of Employer NONE Occupation HOUSEWIFE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2015
Transaction ID : SA11.247921

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)	PAGE 132 OF 209
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

A. ROBIN YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 2312 MARTHA DR.

City CONWAY	State AR	Zip Code 72032-8500
----------------	-------------	------------------------

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

Name of Employer NONE	Occupation HOUSEWIFE
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2015

Transaction ID : SA11.249711

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)

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 Y Y

Amount of Each Receipt this Period

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

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 Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	41107.66

**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 133 OF 209
<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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. TMA DIRECT		Date of Receipt
Mailing Address 2000 EDMUND HALLEY DRIVE SUITE #250		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
RESTON	VA	20191
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.001
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="1690.00"/>
Receipt For:	Aggregate Year-to-Date ▼	LIST RENTAL INCOME
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4125.84"/>	

Full Name (Last, First, Middle Initial) B. TMA DIRECT		Date of Receipt
Mailing Address 2000 EDMUND HALLEY DRIVE SUITE #250		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
RESTON	VA	20191
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.001 B
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="265.00"/>
Receipt For:	Aggregate Year-to-Date ▼	LIST RENTAL INCOME
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4125.84"/>	

Full Name (Last, First, Middle Initial) C. TMA DIRECT		Date of Receipt
Mailing Address 2000 EDMUND HALLEY DRIVE SUITE #250		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
RESTON	VA	20191
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA17.002
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="750.00"/>
Receipt For:	Aggregate Year-to-Date ▼	LIST RENTAL INCOME
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4125.84"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="2705.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 134 OF 209
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4125.84

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 06 / 2015
Transaction ID : SA17.003

Amount of Each Receipt this Period
320.00

LIST RENTAL INCOME

Full Name (Last, First, Middle Initial)
B. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4125.84

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 04 / 2015
Transaction ID : SA17.004

Amount of Each Receipt this Period
750.84

LIST RENTAL INCOME

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).....▶	1070.84
TOTAL This Period (last page this line number only).....▶	3775.84

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. COREY MCCRAY

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
PAYROLL

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
07		28		2015

Transaction ID : SB21B.032

Amount of Each Disbursement this Period

2482.45

Full Name (Last, First, Middle Initial)

B. COREY MCCRAY

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
PAYROLL

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
08		27		2015

Transaction ID : SB21B.063

Amount of Each Disbursement this Period

2482.46

Full Name (Last, First, Middle Initial)

C. COREY MCCRAY

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
PAYROLL

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
09		29		2015

Transaction ID : SB21B.096

Amount of Each Disbursement this Period

2482.44

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

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

7447.35

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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. COREY MCCRAY

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : **SB21B.131**

Amount of Each Disbursement this Period

2496.56

Full Name (Last, First, Middle Initial)

B. COREY MCCRAY

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 27 / 2015

Transaction ID : **SB21B.160**

Amount of Each Disbursement this Period

2482.45

Full Name (Last, First, Middle Initial)

C. COREY MCCRAY

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : **SB21B.193**

Amount of Each Disbursement this Period

2482.44

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

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

7461.45

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ADAM WALDECK

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
PAYROLL

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
07	/	28	/	2015

Transaction ID : **SB21B.031**

Amount of Each Disbursement this Period

6,595.15

Full Name (Last, First, Middle Initial)

B. ADAM WALDECK

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
PAYROLL

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
08	/	27	/	2015

Transaction ID : **SB21B.062**

Amount of Each Disbursement this Period

6,595.15

Full Name (Last, First, Middle Initial)

C. ADAM WALDECK

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
PAYROLL

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
09	/	29	/	2015

Transaction ID : **SB21B.095**

Amount of Each Disbursement this Period

6,595.14

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

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

19,785.44

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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ADAM WALDECK

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.130**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ADAM WALDECK

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.159**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ADAM WALDECK

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.192**

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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ADP, INC.

Mailing Address ONE ADP DRIVE MS-100

City AUGUSTA State GA Zip Code 30909

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.014

Amount of Each Disbursement this Period

72.11

Full Name (Last, First, Middle Initial)

B. ADP, INC.

Mailing Address ONE ADP DRIVE MS-100

City AUGUSTA State GA Zip Code 30909

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2015

Transaction ID : SB21B.033

Amount of Each Disbursement this Period

4882.12

Full Name (Last, First, Middle Initial)

C. ADP, INC.

Mailing Address ONE ADP DRIVE MS-100

City AUGUSTA State GA Zip Code 30909

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2015

Transaction ID : SB21B.052

Amount of Each Disbursement this Period

72.11

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

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

5026.34

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ADP, INC.

Mailing Address ONE ADP DRIVE MS-100

City AUGUSTA State GA Zip Code 30909

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2015

Transaction ID : SB21B.064

Amount of Each Disbursement this Period

4882.11

Full Name (Last, First, Middle Initial)

B. ADP, INC.

Mailing Address ONE ADP DRIVE MS-100

City AUGUSTA State GA Zip Code 30909

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2015

Transaction ID : SB21B.076

Amount of Each Disbursement this Period

72.11

Full Name (Last, First, Middle Initial)

C. ADP, INC.

Mailing Address ONE ADP DRIVE MS-100

City AUGUSTA State GA Zip Code 30909

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : SB21B.097

Amount of Each Disbursement this Period

4882.14

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

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

9836.36

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ADP, INC.

Mailing Address ONE ADP DRIVE MS-100

City AUGUSTA State GA Zip Code 30909

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.117

Amount of Each Disbursement this Period

72.11

Full Name (Last, First, Middle Initial)

B. ADP, INC.

Mailing Address ONE ADP DRIVE MS-100

City AUGUSTA State GA Zip Code 30909

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2015

Transaction ID : SB21B.132

Amount of Each Disbursement this Period

4898.66

Full Name (Last, First, Middle Initial)

C. ADP, INC.

Mailing Address ONE ADP DRIVE MS-100

City AUGUSTA State GA Zip Code 30909

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : SB21B.146

Amount of Each Disbursement this Period

72.11

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

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

5042.88

**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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ADP, INC.

Mailing Address ONE ADP DRIVE MS-100

City AUGUSTA State GA Zip Code 30909

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 27 / 2015

Transaction ID : SB21B.161

Amount of Each Disbursement this Period

4882.13

Full Name (Last, First, Middle Initial)

B. ADP, INC.

Mailing Address ONE ADP DRIVE MS-100

City AUGUSTA State GA Zip Code 30909

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.175

Amount of Each Disbursement this Period

72.11

Full Name (Last, First, Middle Initial)

C. ADP, INC.

Mailing Address ONE ADP DRIVE MS-100

City AUGUSTA State GA Zip Code 30909

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB21B.194

Amount of Each Disbursement this Period

4882.13

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

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

9836.37

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.001

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.009

Amount of Each Disbursement this Period

0.73

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2015

Transaction ID : SB21B.023

Amount of Each Disbursement this Period

37.54

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

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

46.22

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : **SB21B.037**

Amount of Each Disbursement this Period

155.61

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : **SB21B.038**

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : **SB21B.039**

Amount of Each Disbursement this Period

7.95

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

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

171.51

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : SB21B.047

Amount of Each Disbursement this Period

17.42

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : SB21B.048

Amount of Each Disbursement this Period

0.73

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : SB21B.068

Amount of Each Disbursement this Period

7.95

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

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

26.10

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : SB21B.069

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.078

Amount of Each Disbursement this Period

0.73

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.082

Amount of Each Disbursement this Period

14.65

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

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

23.33

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

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
10			01			2015			

Transaction ID : SB21B.101

Amount of Each Disbursement this Period

7	.	9	5
---	---	---	---

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

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
10			01			2015			

Transaction ID : SB21B.102

Amount of Each Disbursement this Period

7	.	9	5
---	---	---	---

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

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
10			01			2015			

Transaction ID : SB21B.103

Amount of Each Disbursement this Period

7	.	9	5
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

23	.	85
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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.109

Amount of Each Disbursement this Period

0.73

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.110

Amount of Each Disbursement this Period

0.44

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2015

Transaction ID : SB21B.111

Amount of Each Disbursement this Period

66.64

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

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

67.81

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

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
1	1		0	2		2	0	1	5

Transaction ID : SB21B.135

Amount of Each Disbursement this Period

7	.	9	5
---	---	---	---

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

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
1	1		0	2		2	0	1	5

Transaction ID : SB21B.136

Amount of Each Disbursement this Period

7	.	9	5
---	---	---	---

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

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
1	1		0	5		2	0	1	5

Transaction ID : SB21B.144

Amount of Each Disbursement this Period

0	.	7	3
---	---	---	---

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

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

1	6	.	6	3
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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB21B.145

Amount of Each Disbursement this Period

86.58

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2015

Transaction ID : SB21B.165

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2015

Transaction ID : SB21B.166

Amount of Each Disbursement this Period

7.95

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

102.48

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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : **SB21B.179**

Amount of Each Disbursement this Period

9.29

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : **SB21B.180**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 3RD STREET

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
ONLINE PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : **SB21B.015**

Amount of Each Disbursement this Period

193.32

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

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

212.61

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 3RD STREET

City State Zip Code
BATON ROUGE LA 70801

Purpose of Disbursement
ONLINE PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
12 / 15 / 2015

Transaction ID : **SB21B.183**

Amount of Each Disbursement this Period

218.44

Full Name (Last, First, Middle Initial)

B. ARMSTRONG WILLIAMS PRODUCTIONS, LLC

Mailing Address 201 MASSACHUSETTS AVE., NE
SUITE C-1

City State Zip Code
WASHINGTON DC 20002

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 02 / 2015

Transaction ID : **SB21B.002**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ARMSTRONG WILLIAMS PRODUCTIONS, LLC

Mailing Address 201 MASSACHUSETTS AVE., NE
SUITE C-1

City State Zip Code
WASHINGTON DC 20002

Purpose of Disbursement
MEDIA PRODUCTION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 02 / 2015

Transaction ID : **SB21B.002_B**

Amount of Each Disbursement this Period

5500.00

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

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

10718.44

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ARMSTRONG WILLIAMS PRODUCTIONS, LLC

Mailing Address 201 MASSACHUSETTS AVE., NE
SUITE C-1

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : **SB21B.040**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. ARMSTRONG WILLIAMS PRODUCTIONS, LLC

Mailing Address 201 MASSACHUSETTS AVE., NE
SUITE C-1

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
MEDIA PRODUCTION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : **SB21B.040_B**

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

C. ARMSTRONG WILLIAMS PRODUCTIONS, LLC

Mailing Address 201 MASSACHUSETTS AVE., NE
SUITE C-1

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : **SB21B.066**

Amount of Each Disbursement this Period

5000.00

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

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

16000.00

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ARMSTRONG WILLIAMS PRODUCTIONS, LLC

Mailing Address 201 MASSACHUSETTS AVE., NE
SUITE C-1

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
MEDIA PRODUCTION SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : **SB21B.066_B**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. ARMSTRONG WILLIAMS PRODUCTIONS, LLC

Mailing Address 201 MASSACHUSETTS AVE., NE
SUITE C-1

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : **SB21B.099**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ARMSTRONG WILLIAMS PRODUCTIONS, LLC

Mailing Address 201 MASSACHUSETTS AVE., NE
SUITE C-1

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
MEDIA PRODUCTION SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : **SB21B.099_B**

Amount of Each Disbursement this Period

9500.00

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

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

19500.00

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ARMSTRONG WILLIAMS PRODUCTIONS, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		01		2015

Mailing Address 201 MASSACHUSETTS AVE., NE
SUITE C-1

Transaction ID : SB21B.134

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

8000.00

Purpose of Disbursement
MEDIA PRODUCTION SERVICES

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. ARMSTRONG WILLIAMS PRODUCTIONS, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		01		2015

Mailing Address 201 MASSACHUSETTS AVE., NE
SUITE C-1

Transaction ID : SB21B.134_B

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
STRATEGIC CONSULTING

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. ARMSTRONG WILLIAMS PRODUCTIONS, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		01		2015

Mailing Address 201 MASSACHUSETTS AVE., NE
SUITE C-1

Transaction ID : SB21B.164

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
MEDIA PRODUCTION SERVICES

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

23000.00

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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ARMSTRONG WILLIAMS PRODUCTIONS, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		01		2015

Mailing Address 201 MASSACHUSETTS AVE., NE
SUITE C-1

Transaction ID : SB21B.164_B

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
STRATEGIC CONSULTING

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. BASECAMP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		15		2015

Mailing Address 30 NORTH RACINE AVE #200

Transaction ID : SB21B.181A

City CHICAGO State IL Zip Code 60607

Amount of Each Disbursement this Period

20.00

Purpose of Disbursement
DUES & SUBSCRIPTIONS

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. CARD SERVICE CENTER

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2015

Mailing Address P.O. BOX 105025

Transaction ID : SB21B.016

City ATLANTA State GA Zip Code 30348

Amount of Each Disbursement this Period

20.00

Purpose of Disbursement
CREDIT CARD PAYMENT

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

5020.00

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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BASECAMP

Mailing Address 30 NORTH RACINE AVE #200

City CHICAGO State IL Zip Code 60607

Purpose of Disbursement
DUES & SUBSCRIPTIONS

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
07		14		2015

Transaction ID : SB21B.016A

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CARD SERVICE CENTER

Mailing Address P.O. BOX 105025

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement
CREDIT CARD PAYMENT

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
08		12		2015

Transaction ID : SB21B.053

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. BASECAMP

Mailing Address 30 NORTH RACINE AVE #200

City CHICAGO State IL Zip Code 60607

Purpose of Disbursement
DUES & SUBSCRIPTIONS

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
08		12		2015

Transaction ID : SB21B.053A

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

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

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

20.00

--

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CARD SERVICE CENTER

Mailing Address P.O. BOX 105025

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2015

Transaction ID : **SB21B.054**

Amount of Each Disbursement this Period

74.52

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 312 20TH STREET NORTH

City BIRMINGHAM State AL Zip Code 35203

Purpose of Disbursement
POSTAGE/SHIPPING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2015

Transaction ID : **SB21B.054A**

Amount of Each Disbursement this Period

51.12

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. THE UPS STORE

Mailing Address 1220 L STREET NW
SUITE 100

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
POSTAGE/SHIPPING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2015

Transaction ID : **SB21B.054B**

Amount of Each Disbursement this Period

23.40

[MEMO ITEM]

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

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

74.52

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CARD SERVICE CENTER

Mailing Address P.O. BOX 105025

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : **SB21B.084**

Amount of Each Disbursement this Period

40.45

Full Name (Last, First, Middle Initial)

B. BASECAMP

Mailing Address 30 NORTH RACINE AVE #200

City CHICAGO State IL Zip Code 60607

Purpose of Disbursement
DUES & SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : **SB21B.084A**

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. THE UPS STORE

Mailing Address 1220 L STREET NW
SUITE 100

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
POSTAGE/SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : **SB21B.084B**

Amount of Each Disbursement this Period

20.45

[MEMO ITEM]

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

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

40.45

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CARD SERVICE CENTER

Mailing Address P.O. BOX 105025

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2015

Transaction ID : SB21B.119

Amount of Each Disbursement this Period

39.47

Category/Type

Full Name (Last, First, Middle Initial)

B. THE UPS STORE

Mailing Address 1220 L STREET NW SUITE 100

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
POSTAGE/SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2015

Transaction ID : SB21B.119A

Amount of Each Disbursement this Period

18.68

Category/Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. THE UPS STORE

Mailing Address 1220 L STREET NW SUITE 100

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
POSTAGE/SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2015

Transaction ID : SB21B.119B

Amount of Each Disbursement this Period

20.79

Category/Type

[MEMO ITEM]

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

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

39.47

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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CARD SERVICE CENTER

Mailing Address P.O. BOX 105025

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB21B.128

Amount of Each Disbursement this Period

1093.74

Full Name (Last, First, Middle Initial)

B. BASECAMP

Mailing Address 30 NORTH RACINE AVE #200

City CHICAGO State IL Zip Code 60607

Purpose of Disbursement
DUES & SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB21B.128A

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CARD SERVICE CENTER

Mailing Address P.O. BOX 105025

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement
POSTAGE/SHIPPING CREDIT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : SB21B.128C

Amount of Each Disbursement this Period

-0.45

[MEMO ITEM]

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

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

1093.74

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RUTH'S CHRIS STEAK HOUSE

Mailing Address 724 9th SREET NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
MEETING EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : **SB21B.128B**

Amount of Each Disbursement this Period

1074.19

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CARD SERVICE CENTER

Mailing Address P.O. BOX 105025

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2015

Transaction ID : **SB21B.151**

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. BASECAMP

Mailing Address 30 NORTH RACINE AVE #200

City CHICAGO State IL Zip Code 60607

Purpose of Disbursement
DUES & SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2015

Transaction ID : **SB21B.151A**

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

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

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

35.00

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CARD SERVICE CENTER

Mailing Address P.O. BOX 105025

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement
DUES & SUBSCRIPTIONS

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
11		12		2015

Transaction ID : **SB21B.151B**

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CARD SERVICE CENTER

Mailing Address P.O. BOX 105025

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement
CREDIT CARD PAYMENT

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
12		15		2015

Transaction ID : **SB21B.181**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. CARD SERVICE CENTER

Mailing Address P.O. BOX 105025

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement
CREDIT CARD PAYMENT

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
12		15		2015

Transaction ID : **SB21B.182**

Amount of Each Disbursement this Period

63.28

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

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

83.28

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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE UPS STORE

Mailing Address 1220 L STREET NW
SUITE 100

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
POSTAGE/SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **SB21B.182A**

Amount of Each Disbursement this Period

21.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. THE UPS STORE

Mailing Address 1220 L STREET NW
SUITE 100

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
POSTAGE/SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **SB21B.182B**

Amount of Each Disbursement this Period

20.79

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. THE UPS STORE

Mailing Address 1220 L STREET NW
SUITE 100

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
POSTAGE/SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : **SB21B.182C**

Amount of Each Disbursement this Period

20.79

[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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : **SB21B.008**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : **SB21B.011**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2015

Transaction ID : **SB21B.017**

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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : SB21B.020

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Transaction ID : SB21B.022

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2015

Transaction ID : SB21B.025

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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB21B.075

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : SB21B.083

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : SB21B.085

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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : **SB21B.089**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : **SB21B.090**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : **SB21B.094**

Amount of Each Disbursement this Period

12.00

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

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

32.00

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB21B.100

Amount of Each Disbursement this Period

10.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : SB21B.116

Amount of Each Disbursement this Period

10.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2015

Transaction ID : SB21B.123

Amount of Each Disbursement this Period

10.00

Category/
Type

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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2015

Transaction ID : SB21B.125

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2015

Transaction ID : SB21B.174

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : SB21B.010

Amount of Each Disbursement this Period

1030.26

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

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

1050.26

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : **SB21B.012**

Amount of Each Disbursement this Period

3392.13

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2015

Transaction ID : **SB21B.013**

Amount of Each Disbursement this Period

2862.50

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2015

Transaction ID : **SB21B.019**

Amount of Each Disbursement this Period

25.00

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

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

6279.63

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2015

Transaction ID : **SB21B.024**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2015

Transaction ID : **SB21B.026**

Amount of Each Disbursement this Period

2.87

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2015

Transaction ID : **SB21B.030**

Amount of Each Disbursement this Period

150.00

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

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

652.87

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2015

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

Transaction ID : SB21B.036

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

1.48

Purpose of Disbursement
DATA MANAGEMENT

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2015

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

Transaction ID : SB21B.049

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

620.39

Purpose of Disbursement
MERCHANT FEES

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2015

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

Transaction ID : SB21B.050

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

3058.40

Purpose of Disbursement
DATA MANAGEMENT

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

3680.27

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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2015

Transaction ID : **SB21B.051**

Amount of Each Disbursement this Period

2892.69

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2015

Transaction ID : **SB21B.055**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : **SB21B.058**

Amount of Each Disbursement this Period

2.13

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

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

2994.82

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

Transaction ID : SB21B.065

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement
DATA MANAGEMENT

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2015

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

Transaction ID : SB21B.079

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

2922.50

Purpose of Disbursement
DATA MANAGEMENT

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2015

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

Transaction ID : SB21B.080

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

116.53

Purpose of Disbursement
MERCHANT FEES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

3189.03

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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2015

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

Transaction ID : SB21B.081

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

3059.28

Purpose of Disbursement
DATA MANAGEMENT

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2015

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

Transaction ID : SB21B.093

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

2.13

Purpose of Disbursement
MERCHANT FEES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2015

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

Transaction ID : SB21B.112

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

2862.50

Purpose of Disbursement
DATA MANAGEMENT

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

5923.91

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

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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : SB21B.113

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : SB21B.114

Amount of Each Disbursement this Period

760.56

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : SB21B.115

Amount of Each Disbursement this Period

3060.22

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

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

3970.78

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.120**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.124**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.147**

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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

Transaction ID : **SB21B.148**

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

2880.78

Purpose of Disbursement
DATA MANAGEMENT

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

Transaction ID : **SB21B.149**

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement
DATA MANAGEMENT

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

Transaction ID : **SB21B.150**

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

405.32

Purpose of Disbursement
MERCHANT FEES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

3436.10

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

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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
MERCHANT FEES

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
11 / 13 / 2015

Transaction ID : SB21B.152

Amount of Each Disbursement this Period

14.27

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
MERCHANT FEES

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
11 / 19 / 2015

Transaction ID : SB21B.155

Amount of Each Disbursement this Period

43.33

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA MANAGEMENT

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
11 / 27 / 2015

Transaction ID : SB21B.162

Amount of Each Disbursement this Period

200.00

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

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

257.60

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		27		2015

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

Transaction ID : SB21B.163

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

2.13

Purpose of Disbursement
MERCHANT FEES

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

Transaction ID : SB21B.176

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

38.97

Purpose of Disbursement
MERCHANT FEES

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

Transaction ID : SB21B.177

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

2840.39

Purpose of Disbursement
DATA MANAGEMENT

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

2881.49

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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA MANAGEMENT

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
12 / 04 / 2015

Transaction ID : SB21B.178

Amount of Each Disbursement this Period

3062.41

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA MANAGEMENT

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
12 / 23 / 2015

Transaction ID : SB21B.187

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
MERCHANT FEES

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
12 / 24 / 2015

Transaction ID : SB21B.188

Amount of Each Disbursement this Period

2.87

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

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

3265.28

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

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

FOR LINE NUMBER:
(check only one)

<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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
MERCHANT FEES

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
12			31			2015			

Transaction ID : SB21B.195

Amount of Each Disbursement this Period

2.70

B. DELL BUSINESS CREDIT

Mailing Address P.O. BOX 5275

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
OFFICE SUPPLIES

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
12			28			2015			

Transaction ID : SB21B.191

Amount of Each Disbursement this Period

244.20

C. DENTONS US LLP

Mailing Address P.O. BOX 116573

City ATLANTA State GA Zip Code 30368

Purpose of Disbursement
LEGAL FEES

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
07			31			2015			

Transaction ID : SB21B.035

Amount of Each Disbursement this Period

123.81

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

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

370.71

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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ELEVENTY MARKETING GROUP

Mailing Address 453 S. HIGH STREET

City AKRON State OH Zip Code 44311

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : **SB21B.057**

Amount of Each Disbursement this Period

14.40

Full Name (Last, First, Middle Initial)

B. HUCKABY DAVIS LISKER, INC.

Mailing Address 228 S. WASHINGTON STREET
SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2015

Transaction ID : **SB21B.153**

Amount of Each Disbursement this Period

277.45

Full Name (Last, First, Middle Initial)

C. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
TELEMARKETING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2015

Transaction ID : **SB21B.029**

Amount of Each Disbursement this Period

35585.68

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

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

35877.53

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
TELEMARKETING

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
10 / 20 / 2015

Transaction ID : SB21B.122

Amount of Each Disbursement this Period

32873.10

Full Name (Last, First, Middle Initial)

B. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
TELEMARKETING

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
11 / 04 / 2015

Transaction ID : SB21B.143

Amount of Each Disbursement this Period

10204.70

Full Name (Last, First, Middle Initial)

C. INFOCISION

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
TELEMARKETING

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
12 / 03 / 2015

Transaction ID : SB21B.168

Amount of Each Disbursement this Period

5142.41

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

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

48220.21

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ITSEC365

Mailing Address 4709 MONTEGA DRIVE

City WOODBRIDGE State VA Zip Code 22192

Purpose of Disbursement
IT 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
07 / 14 / 2015

Transaction ID : SB21B.018

Amount of Each Disbursement this Period

235.44

Full Name (Last, First, Middle Initial)

B. ITSEC365

Mailing Address 4709 MONTEGA DRIVE

City WOODBRIDGE State VA Zip Code 22192

Purpose of Disbursement
IT 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
07 / 29 / 2015

Transaction ID : SB21B.034

Amount of Each Disbursement this Period

252.44

Full Name (Last, First, Middle Initial)

C. ITSEC365

Mailing Address 4709 MONTEGA DRIVE

City WOODBRIDGE State VA Zip Code 22192

Purpose of Disbursement
IT 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
08 / 19 / 2015

Transaction ID : SB21B.056

Amount of Each Disbursement this Period

230.31

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

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

718.19

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ITSEC365

Mailing Address 4709 MONTEGA DRIVE

City WOODBRIDGE State VA Zip Code 22192

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.067

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ITSEC365

Mailing Address 4709 MONTEGA DRIVE

City WOODBRIDGE State VA Zip Code 22192

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.087

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ITSEC365

Mailing Address 4709 MONTEGA DRIVE

City WOODBRIDGE State VA Zip Code 22192

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.098

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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ITSEC365

Mailing Address 4709 MONTEGA DRIVE

City WOODBRIDGE State VA Zip Code 22192

Purpose of Disbursement
IT 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
10 / 16 / 2015

Transaction ID : SB21B.121

Amount of Each Disbursement this Period

232.50

Full Name (Last, First, Middle Initial)

B. ITSEC365

Mailing Address 4709 MONTEGA DRIVE

City WOODBRIDGE State VA Zip Code 22192

Purpose of Disbursement
IT 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
10 / 30 / 2015

Transaction ID : SB21B.133

Amount of Each Disbursement this Period

283.87

Full Name (Last, First, Middle Initial)

C. ITSEC365

Mailing Address 4709 MONTEGA DRIVE

City WOODBRIDGE State VA Zip Code 22192

Purpose of Disbursement
IT 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
11 / 20 / 2015

Transaction ID : SB21B.157

Amount of Each Disbursement this Period

455.81

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

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

972.18

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ITSEC365

Mailing Address 4709 MONTEGA DRIVE

City WOODBRIDGE State VA Zip Code 22192

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2015

Transaction ID : SB21B.184

Amount of Each Disbursement this Period

377.44

Full Name (Last, First, Middle Initial)

B. ITSEC365

Mailing Address 4709 MONTEGA DRIVE

City WOODBRIDGE State VA Zip Code 22192

Purpose of Disbursement
IT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 28 / 2015

Transaction ID : SB21B.189

Amount of Each Disbursement this Period

151.25

Full Name (Last, First, Middle Initial)

C. JBG/SUMMIT, LLC

Mailing Address P.O. BOX 823805

City PHILADELPHIA State PA Zip Code 19182

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2015

Transaction ID : SB21B.028

Amount of Each Disbursement this Period

2404.55

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

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

2933.24

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JBG/SUMMIT, LLC

Mailing Address P.O. BOX 823805

City PHILADELPHIA State PA Zip Code 19182

Purpose of Disbursement
RENT

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
08	/	27	/	2015

Transaction ID : SB21B.060

Amount of Each Disbursement this Period

2404.57

Full Name (Last, First, Middle Initial)

B. JBG/SUMMIT, LLC

Mailing Address P.O. BOX 419191

City BOSTON State MA Zip Code 19182

Purpose of Disbursement
RENT

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
09	/	24	/	2015

Transaction ID : SB21B.092

Amount of Each Disbursement this Period

2404.94

Full Name (Last, First, Middle Initial)

C. JBG/SUMMIT, LLC

Mailing Address P.O. BOX 419191

City BOSTON State MA Zip Code 19182

Purpose of Disbursement
RENT

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
10	/	27	/	2015

Transaction ID : SB21B.129

Amount of Each Disbursement this Period

2469.01

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

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

7278.52

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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JBG/SUMMIT, LLC

Mailing Address P.O. BOX 419191

City BOSTON State MA Zip Code 19182

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 23 / 2015

Transaction ID : SB21B.158

Amount of Each Disbursement this Period

2519.79

Full Name (Last, First, Middle Initial)

B. JBG/SUMMIT, LLC

Mailing Address P.O. BOX 419191

City BOSTON State MA Zip Code 19182

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 28 / 2015

Transaction ID : SB21B.190

Amount of Each Disbursement this Period

2471.26

Full Name (Last, First, Middle Initial)

C. PRECISION DATA MANAGEMENT, LLC

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : SB21B.167

Amount of Each Disbursement this Period

1090.23

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

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

6081.28

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

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

FOR LINE NUMBER:
(check only one)

<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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE CINCINNATI INSURANCE COMPANY

Mailing Address P.O. BOX 145620

City CINCINNATI State OH Zip Code 45250

Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : **SB21B.088**

Amount of Each Disbursement this Period

2051.00

Full Name (Last, First, Middle Initial)

B. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
DUES AND SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : **SB21B.003**

Amount of Each Disbursement this Period

110.15

Full Name (Last, First, Middle Initial)

C. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
MEETING EXPENSES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : **SB21B.004**

Amount of Each Disbursement this Period

90.81

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

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

2251.96

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
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
07 / 02 / 2015

Transaction ID : SB21B.005

Amount of Each Disbursement this Period

215.39

Full Name (Last, First, Middle Initial)

B. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
ADMINISTRATIVE SUPPORT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.006

Amount of Each Disbursement this Period

546.78

Full Name (Last, First, Middle Initial)

C. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.007

Amount of Each Disbursement this Period

375.13

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

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

1137.30

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
MEETING EXPENSES

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
08	/	04	/	2015

Transaction ID : **SB21B.041**

Amount of Each Disbursement this Period

649.07

Full Name (Last, First, Middle Initial)

B. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
DUES AND SUBSCRIPTIONS

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
08	/	04	/	2015

Transaction ID : **SB21B.042**

Amount of Each Disbursement this Period

115.38

Full Name (Last, First, Middle Initial)

C. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
OFFICE SUPPLIES

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
08	/	04	/	2015

Transaction ID : **SB21B.043**

Amount of Each Disbursement this Period

457.25

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

649.07

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

649.07

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
ADMINISTRATIVE SUPPORT

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
08	/	04	/	2015

Transaction ID : SB21B.044

Amount of Each Disbursement this Period

547.80

Full Name (Last, First, Middle Initial)

B. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
TELEPHONE

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
08	/	04	/	2015

Transaction ID : SB21B.045

Amount of Each Disbursement this Period

375.12

Full Name (Last, First, Middle Initial)

C. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
MAINTENANCE & REPAIRS

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
08	/	04	/	2015

Transaction ID : SB21B.046

Amount of Each Disbursement this Period

44.69

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

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

967.61

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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
DUES AND SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : SB21B.070

Amount of Each Disbursement this Period

120.39

Full Name (Last, First, Middle Initial)

B. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
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
09 / 01 / 2015

Transaction ID : SB21B.071

Amount of Each Disbursement this Period

353.99

Full Name (Last, First, Middle Initial)

C. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
ADMINISTRATIVE SUPPORT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : SB21B.072

Amount of Each Disbursement this Period

557.57

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

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

1031.95

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : SB21B.073

Amount of Each Disbursement this Period

375.11

Full Name (Last, First, Middle Initial)

B. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
MEETING EXPENSES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : SB21B.074

Amount of Each Disbursement this Period

71.77

Full Name (Last, First, Middle Initial)

C. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
DUES AND SUBSCRIPTIONS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : SB21B.104

Amount of Each Disbursement this Period

118.26

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

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

565.14

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
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
10 / 02 / 2015

Transaction ID : SB21B.105

Amount of Each Disbursement this Period

291.40

Full Name (Last, First, Middle Initial)

B. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
ADMINISTRATIVE SUPPORT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : SB21B.106

Amount of Each Disbursement this Period

550.49

Full Name (Last, First, Middle Initial)

C. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : SB21B.107

Amount of Each Disbursement this Period

375.17

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

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

1217.06

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
MEETING EXPENSES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2015

Transaction ID : SB21B.108

Amount of Each Disbursement this Period

86.66

Full Name (Last, First, Middle Initial)

B. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
DUES AND SUBSCRIPTIONS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		04		2015

Transaction ID : SB21B.137

Amount of Each Disbursement this Period

118.26

Full Name (Last, First, Middle Initial)

C. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		04		2015

Transaction ID : SB21B.138

Amount of Each Disbursement this Period

179.85

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

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

384.77

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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
ADMINISTRATIVE SUPPORT

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
11		04		2015

Transaction ID : **SB21B.139**

Amount of Each Disbursement this Period

559.75

Full Name (Last, First, Middle Initial)

B. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
TELEPHONE

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
11		04		2015

Transaction ID : **SB21B.140**

Amount of Each Disbursement this Period

375.21

Full Name (Last, First, Middle Initial)

C. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
MAINTENANCE & REPAIRS

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
11		04		2015

Transaction ID : **SB21B.141**

Amount of Each Disbursement this Period

44.69

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

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

979.65

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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
MEETING EXPENSES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.142

Amount of Each Disbursement this Period

104.57

Full Name (Last, First, Middle Initial)

B. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
DUES AND SUBSCRIPTIONS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : SB21B.169

Amount of Each Disbursement this Period

143.85

Full Name (Last, First, Middle Initial)

C. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
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
12 / 03 / 2015

Transaction ID : SB21B.170

Amount of Each Disbursement this Period

139.46

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

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

387.88

**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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
ADMINISTRATIVE SUPPORT

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
12	/	03	/	2015

Transaction ID : SB21B.171

Amount of Each Disbursement this Period

553.25

Full Name (Last, First, Middle Initial)

B. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
TELEPHONE

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
12	/	03	/	2015

Transaction ID : SB21B.172

Amount of Each Disbursement this Period

295.27

Full Name (Last, First, Middle Initial)

C. TMA DIRECT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE #250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
MEETING EXPENSES

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
12	/	03	/	2015

Transaction ID : SB21B.173

Amount of Each Disbursement this Period

98.48

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

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

947.00

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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. UNITEDHEALTHCARE INSURANCE COMPANY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2015

Mailing Address DEPT. CH 10151

Transaction ID : SB21B.027

City PALATINE State IL Zip Code 60055

Amount of Each Disbursement this Period

897.98

Purpose of Disbursement
EMPLOYEE BENEFITS-INSURANCE

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. UNITEDHEALTHCARE INSURANCE COMPANY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		25		2015

Mailing Address DEPT. CH 10151

Transaction ID : SB21B.059

City PALATINE State IL Zip Code 60055

Amount of Each Disbursement this Period

897.98

Purpose of Disbursement
EMPLOYEE BENEFITS-INSURANCE

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. UNITEDHEALTHCARE INSURANCE COMPANY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2015

Mailing Address DEPT. CH 10151

Transaction ID : SB21B.091

City PALATINE State IL Zip Code 60055

Amount of Each Disbursement this Period

897.98

Purpose of Disbursement
EMPLOYEE BENEFITS-INSURANCE

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

2693.94

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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. UNITEDHEALTHCARE INSURANCE COMPANY

Mailing Address P.O. BOX 30519

City State Zip Code
SALT LAKE CITY UT 84130

Purpose of Disbursement
EMPLOYEE BENEFITS-INSURANCE REFUND

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
10			09			2015			

Transaction ID : SB21B.118

Amount of Each Disbursement this Period

-77.98

Full Name (Last, First, Middle Initial)

B. UNITEDHEALTHCARE INSURANCE COMPANY

Mailing Address DEPT. CH 10151

City State Zip Code
PALATINE IL 60055

Purpose of Disbursement
EMPLOYEE BENEFITS-INSURANCE

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
10			23			2015			

Transaction ID : SB21B.126

Amount of Each Disbursement this Period

897.98

Full Name (Last, First, Middle Initial)

C. UNITEDHEALTHCARE INSURANCE COMPANY

Mailing Address DEPT. CH 10151

City State Zip Code
PALATINE IL 60055

Purpose of Disbursement
EMPLOYEE BENEFITS-INSURANCE

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
11			19			2015			

Transaction ID : SB21B.156

Amount of Each Disbursement this Period

897.98

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

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

1717.98

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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. UNITEDHEALTHCARE INSURANCE COMPANY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		21		2015

Mailing Address DEPT. CH 10151

Transaction ID : SB21B.186

City PALATINE State IL Zip Code 60055

Amount of Each Disbursement this Period

897.98

Purpose of Disbursement
EMPLOYEE BENEFITS-INSURANCE

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. UNUM LIFE INSURANCE COMPANY OF AMERICA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2015

Mailing Address P.O. BOX 406990

Transaction ID : SB21B.021

City ATLANTA State GA Zip Code 30384

Amount of Each Disbursement this Period

105.63

Purpose of Disbursement
EMPLOYEE BENEFITS-INSURANCE

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. UNUM LIFE INSURANCE COMPANY OF AMERICA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2015

Mailing Address P.O. BOX 406990

Transaction ID : SB21B.061

City ATLANTA State GA Zip Code 30384

Amount of Each Disbursement this Period

105.63

Purpose of Disbursement
EMPLOYEE BENEFITS-INSURANCE

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

1109.24

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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 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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. UNUM LIFE INSURANCE COMPANY OF AMERICA

Mailing Address P.O. BOX 406990

City ATLANTA State GA Zip Code 30384

Purpose of Disbursement
EMPLOYEE BENEFITS-INSURANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : **SB21B.086**

Amount of Each Disbursement this Period

105.63

Full Name (Last, First, Middle Initial)

B. UNUM LIFE INSURANCE COMPANY OF AMERICA

Mailing Address P.O. BOX 406990

City ATLANTA State GA Zip Code 30384

Purpose of Disbursement
EMPLOYEE BENEFITS-INSURANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2015

Transaction ID : **SB21B.127**

Amount of Each Disbursement this Period

105.63

Full Name (Last, First, Middle Initial)

C. UNUM LIFE INSURANCE COMPANY OF AMERICA

Mailing Address P.O. BOX 406990

City ATLANTA State GA Zip Code 30384

Purpose of Disbursement
EMPLOYEE BENEFITS-INSURANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2015

Transaction ID : **SB21B.154**

Amount of Each Disbursement this Period

105.63

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

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

316.89

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. UNUM LIFE INSURANCE COMPANY OF AMERICA

Date of Disbursement

Mailing Address P.O. BOX 406990

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2015

City ATLANTA State GA Zip Code 30384

Transaction ID : SB21B.185

Purpose of Disbursement
EMPLOYEE BENEFITS-INSURANCE

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

105.63

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

--

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

105.63

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

320872.85

**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)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NOVA PAC

Mailing Address 1829 BAY STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CONTRIBUTION TO PAC

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 Y Y
12 / 21 / 2015

Transaction ID : SB23.001

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. NRCC

Mailing Address 320 FIRST ST. SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CONTRIBUTION TO COMMITTEE

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 Y Y
12 / 22 / 2015

Transaction ID : SB23.002

Amount of Each Disbursement this Period

12500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

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 Y Y

Amount of Each Disbursement this Period

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

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

17500.00

17500.00

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

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NAME OF COMMITTEE (In Full)
AMERICAN LEGACY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRANCIS FITZPATRICK

Mailing Address 100 E ANCHOR AVE

City State Zip Code
EUGENE OR 97404

Purpose of Disbursement
DONOR REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
07 / 27 / 2015

Transaction ID : SB28A.003

Amount of Each Disbursement this Period

230.00

Full Name (Last, First, Middle Initial)
B. FRANCIS FITZPATRICK

Mailing Address 100 E ANCHOR AVE

City State Zip Code
EUGENE OR 97404

Purpose of Disbursement
DONOR REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
08 / 11 / 2015

Transaction ID : SB28A.005

Amount of Each Disbursement this Period

130.00

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

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

/ /

Amount of Each Disbursement this Period

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

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

360.00

360.00