REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): Madison Project, Inc. Fund

ADDRESS (number and street) ☐ Check if different than previously reported: P.O. Box 479

CITY, STATE and ZIP CODE: Hamilton, VA 20159

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROC.

May 12 11 35 AM '99

2. FEC IDENTIFICATION NUMBER

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☒ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ _____ (Type of Election) election on _____ _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☐ NO

SUMMARY

5. Covering Period Dec 3 through Dec. 31

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 98		$ 2945.57
(b) Cash on Hand at Beginning of Reporting Period	$ 219.70	
(c) Total Receipts (from Line 19)	$ 0	$ 128,977.9
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$219.70	$ 131,922.60
7. Total Disbursements (from Line 30)	$ 0	$ 131,703.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 219.20	$ 219.20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 290.14	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact: Federal Election Commission, 999 E Street, NW, Washington, DC 20463, Toll Free 800-424-9530, Local 202-219-3420

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: Timothy Tegwell

Signature of Treasurer: [signature]

Date: 05/07/99

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

FEC FORM 3X (revised 9/93)

FE6/N135