

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**
MADISON PROJECT INC.

ADDRESS (number and street) **PO BOX 655**
Check if different than previously reported. (ACC) **ALEDO TX 76008**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00298000 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **08** / **2016** in the State of **TX**

5. Covering Period **10** / **20** / **2016** through **11** / **28** / **2016**

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 **KILGORE, PAUL, A, ,**

Signature of Treasurer **KILGORE, PAUL, A, ,** [Electronically Filed] Date **12** / **08** / **2016**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MADISON PROJECT INC.

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="2016"/>		19305.16
(b) Cash on Hand at Beginning of Reporting Period.....	57355.30	
(c) Total Receipts (from Line 19)	31618.69	580128.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	88973.99	599433.78
7. Total Disbursements (from Line 31).....	48272.66	558732.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	40701.33	40701.33
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	4812.05	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

MADISON PROJECT INC.

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 20 / 2016 To: M M / D D / Y Y Y Y 11 / 28 / 2016

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).....	8753.00	122638.00
(ii) Unitemized	17865.69	196240.05
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	26618.69	318878.05
(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)	26618.69	318878.05
12. Transfers From Affiliated/Other Party Committees.....	0.00	1122.28
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	128.29
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	5000.00	260000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	31618.69	580128.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	31618.69	580128.62

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	16108.26	302721.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	16108.26	302721.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4580.00	37491.00
24. Independent Expenditures (use Schedule E)	20544.40	104302.55
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1895.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1895.00
29. Other Disbursements (Including Non-Federal Donations).....	7040.00	112322.67
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	48272.66	558732.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48272.66	558732.45

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	26618.69	318878.05
34. Total Contribution Refunds (from Line 28(d))	0.00	1895.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26618.69	316983.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	16108.26	302721.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	128.29
38. Net Operating Expenditures (subtract Line 37 from Line 36)	16108.26	302592.94

**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 6 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. AZEVEDO, KATHRYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1108 VALLEY VIEW DR
 City ENNIS State TX Zip Code 75119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt 10 / 26 / 2016
Transaction ID : SA11AI.385930
 Amount of Each Receipt this Period 200.00
 Memo Item

B. BAUGHMAN, JO ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1269
 City PHILOMATH State OR Zip Code 97370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 414.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11AI.386123
 Amount of Each Receipt this Period 51.00
 Memo Item

C. BRINSTER, LESLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12849 49TH ST SW
 City BELFIELD State ND Zip Code 58622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FARMING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt 11 / 09 / 2016
Transaction ID : SA11AI.386355
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	501.00
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 49
	(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)
MADISON PROJECT INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BROWN, WENDELL, , ,		Date of Receipt
Mailing Address 300 N FILLMORE ST		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2016"/>
City ARLINGTON	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.386068
Name of Employer (for Individual) NONE		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BURIANEK, BRUCE, L, MR,		Date of Receipt
Mailing Address 3010 QUINCANNON LN		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2016"/>
City HOUSTON	State TX	Zip Code 77043
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.386202
Name of Employer (for Individual) FIRESAFE		Amount of Each Receipt this Period <input type="text" value="350.00"/>
Occupation (for Individual) OWNER		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BUSH, JOHN, , ,		Date of Receipt
Mailing Address 1514 212TH ST		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2016"/>
City BAYSIDE	State NY	Zip Code 11360
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.385900
Name of Employer (for Individual) NONE		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 49
<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)
MADISON PROJECT INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BUZBEE, JACK, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2016
Mailing Address 200 E DOUGLAS ST		Transaction ID : SA11AI.386067
City DE SOTO	State IL	Zip Code 62924
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 685.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CARKHUFF, DIANE, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2016
Mailing Address 915 N PINE AVE		Transaction ID : SA11AI.386012
City MIDWEST CITY	State OK	Zip Code 73130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. CHEN, CLARO, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2016
Mailing Address 19348 EMPTY SADDLE		Transaction ID : SA11AI.385782
City WALNUT	State CA	Zip Code 91788
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) D.H.S.	Occupation (for Individual) FEDERAL EMPLOYEE	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 435.00	

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 9 OF 49
	<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)
MADISON PROJECT INC.

A. CHEN, CLARO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19348 EMPTY SADDLE
 City WALNUT State CA Zip Code 91788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) D.H.S. Occupation (for Individual) FEDERAL EMPLOYEE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 29 / 2016
Transaction ID : SA11AI.386080
 Amount of Each Receipt this Period 25.00
 Memo Item

B. CHEN, CLARO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19348 EMPTY SADDLE
 City WALNUT State CA Zip Code 91788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) D.H.S. Occupation (for Individual) FEDERAL EMPLOYEE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11AI.385818
 Amount of Each Receipt this Period 100.00
 Memo Item

C. CHEN, CLARO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19348 EMPTY SADDLE
 City WALNUT State CA Zip Code 91788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) D.H.S. Occupation (for Individual) FEDERAL EMPLOYEE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11AI.386103
 Amount of Each Receipt this Period 50.00
 Memo Item

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 10 OF 49
<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)
MADISON PROJECT INC.

A. CLARK, CARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7936 APPALOOSA CT
 City RANCHO CUCAMONGA State CA Zip Code 91701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 26 / 2016
Transaction ID : SA11AI.385928
 Amount of Each Receipt this Period 100.00
 Memo Item

B. CLEAVER, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 CHAMBERLAIN DR
 City THREE WAY State TN Zip Code 38343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11AI.385890
 Amount of Each Receipt this Period 200.00
 Memo Item

C. DOCTER, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7778 BOCA RATON DR
 City LAS VEGAS State NV Zip Code 89113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2710.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.385780
 Amount of Each Receipt this Period 100.00
 Memo Item

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: (check only one)	PAGE 11 OF 49
<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)
MADISON PROJECT INC.

A. DOCTER, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7778 BOCA RATON DR
 City LAS VEGAS State NV Zip Code 89113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2810.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2016
Transaction ID : SA11AI.386073
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. DOCTER, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7778 BOCA RATON DR
 City LAS VEGAS State NV Zip Code 89113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2016
Transaction ID : SA11AI.386121
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. EARLEY, MICHAEL, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 W 4TH ST
 City O FALLON State IL Zip Code 62269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 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
 10 / 21 / 2016
Transaction ID : SA11AI.385781
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	625.00
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 12 OF 49
<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)
MADISON PROJECT INC.

A. FOSTER, ROBERT, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 17TH ST

City BEDFORD	State IN	Zip Code 47421
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) 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
10		26		2016

Transaction ID : SA11AI.386186

Amount of Each Receipt this Period
500.00

Memo Item

B. GUNNISON GRAVEL & EARTH MOVING LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 42

City GUNNISON	State CO	Zip Code 81230
------------------	-------------	-------------------

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

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

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
10		26		2016

Transaction ID : SA11AI.386017

Amount of Each Receipt this Period
800.00

Memo Item

C. WILCOX, WARREN, O, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 42

City GUNNISON	State CO	Zip Code 81230
------------------	-------------	-------------------

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

Name of Employer (for Individual) GG&E, LLC	Occupation (for Individual) EARTHMOVING & GRAVEL
--	---

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
10		26		2016

Transaction ID : SA11AI.386018

Amount of Each Receipt this Period
800.00

Memo Item
 PARTNERSHIP: GUNNISON GRAVEL & EARTH MOVING LLC

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 49
	<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)
MADISON PROJECT INC.

A. HAPKE, CHARLES, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 E MADISON APT 408
 City KIRKWOOD State MO Zip Code 63122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11AI.385888
 Amount of Each Receipt this Period 250.00
 Memo Item

B. HORST, MILTON, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10118 44TH AVE SW
 City SEATTLE State WA Zip Code 98146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 10 / 30 / 2016
Transaction ID : SA11AI.386090
 Amount of Each Receipt this Period 25.00
 Memo Item

C. HUARTE, FERMIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11674 ROAD 29
 City MADERA State CA Zip Code 93637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.386261
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	325.00
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 14 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
MADISON PROJECT INC.

A. HUTSON, TERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 688
 City BEARDEN State AR Zip Code 71720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SOUTHERN ARKANSAS UNIVERSITY T Occupation (for Individual) TEACHER
 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
 10 / 30 / 2016
Transaction ID : SA11AI.386097
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. JACKSON, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7014 SHAY CT
 City HIGHLAND State CA Zip Code 92346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) 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 / 26 / 2016
Transaction ID : SA11AI.385963
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. JOHNSON, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2165 STOPPER DR
 City MONTOURSVILLE State PA Zip Code 17754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2016
Transaction ID : SA11AI.385885
 Amount of Each Receipt this Period
 50.00
 Memo Item

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 15 OF 49
<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)
MADISON PROJECT INC.

A. JOYNER, CRAWLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 WEST SQUARE DRIVE
 City RICHMOND State VA Zip Code 23238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **10 / 31 / 2016**
Transaction ID : SA11AI.385894
 Amount of Each Receipt this Period 50.00
 Memo Item

B. KACHEL, RICHARD, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 621 SW 297TH ST
 City FEDERAL WAY State WA Zip Code 98023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt **11 / 21 / 2016**
Transaction ID : SA11AI.386424
 Amount of Each Receipt this Period 50.00
 Memo Item

C. KUBIN, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 BLOUNT ST
 City HOUSTON State TX Zip Code 77008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **10 / 26 / 2016**
Transaction ID : SA11AI.385954
 Amount of Each Receipt this Period 200.00
 Memo Item

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 16 OF 49
	<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)
MADISON PROJECT INC.

A. LEWIS, VERNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 E SANTA CRUZ DR
 City GOODYEAR State AZ Zip Code 85338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VERN LEWIS WELDING SUPPLY Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11AI.385911
 Amount of Each Receipt this Period 100.00
 Memo Item

B. MACOMBER, WAYNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1458
 City PORT ORCHARD State WA Zip Code 98366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10250.00

Date of Receipt 10 / 20 / 2016
Transaction ID : SA11AI.386452
 Amount of Each Receipt this Period 10000.00
 Memo Item
 AS PREVIOUSLY REPORTED 9/19/16

C. MACOMBER, WAYNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1458
 City PORT ORCHARD State WA Zip Code 98366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5250.00

Date of Receipt 10 / 20 / 2016
Transaction ID : SA11AI.386455
 Amount of Each Receipt this Period -5000.00
 Memo Item
 REATTRIBUTION TO SPOUSE

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		FOR LINE NUMBER: (check only one)	PAGE 17 OF 49
<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)
MADISON PROJECT INC.

A. MACOMBER, DEBBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1458
 City PORT ORCHARD State WA Zip Code 98366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) AUTHOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 20 / 2016
Transaction ID : SA11AI.386456
 Amount of Each Receipt this Period 5000.00
 Memo Item
 REATTRIBUTION FROM SPOUSE

B. MADDOX, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8513 45TH ST W
 City UNIVERSITY PLACE State WA Zip Code 98466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.386321
 Amount of Each Receipt this Period 150.00
 Memo Item

C. MARSHALL, PATRICIA, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6636 SALVIA CT
 City ARVADA State CO Zip Code 80007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 335.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.386281
 Amount of Each Receipt this Period 100.00
 Memo Item

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 18 OF 49
	<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)
MADISON PROJECT INC.

A. MCBRIDE, HERMAN, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14600 ST. RT. 65

City JACKSON CENTER	State OH	Zip Code 45334
------------------------	-------------	-------------------

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

Name of Employer (for Individual) RISING SUN EXPRESS	Occupation (for Individual) OWNER
---	--------------------------------------

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		29		2016

Transaction ID : SA11AI.386081

Amount of Each Receipt this Period
250.00

Memo Item

B. MCKISSACK, DOUGLAS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 BITTERROOT LN

City SAVANNAH	State GA	Zip Code 31419
------------------	-------------	-------------------

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

Name of Employer (for Individual) GULFSTREAM	Occupation (for Individual) ENGINEER
---	---

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		31		2016

Transaction ID : SA11AI.385830

Amount of Each Receipt this Period
100.00

Memo Item

C. MEADOWS, BRENT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12498 S 305TH EAST AVE

City COWETA	State OK	Zip Code 74429
----------------	-------------	-------------------

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

Name of Employer (for Individual) KAISER-FRANK AREDARKO LLC	Occupation (for Individual) EXECUTIVE
--	--

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
11		02		2016

Transaction ID : SA11AI.386287

Amount of Each Receipt this Period
200.00

Memo Item

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:	PAGE 19 OF 49
	(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)
MADISON PROJECT INC.

A. MENDENHALL, LAURENCE, D, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 641 W PALM DR

City PLACENTIA	State CA	Zip Code 92870
-------------------	-------------	-------------------

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

Name of Employer (for Individual) 1938	Occupation (for Individual) PROFESSOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2016

Transaction ID : SA11AI.386327

Amount of Each Receipt this Period
40.00

Memo Item
EM-WILLIS-TRANS20161109

B. MENDENHALL, LAURENCE, D, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 641 W PALM DR

City PLACENTIA	State CA	Zip Code 92870
-------------------	-------------	-------------------

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

Name of Employer (for Individual) 1938	Occupation (for Individual) PROFESSOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
80.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Transaction ID : SA11AI.386328

Amount of Each Receipt this Period
40.00

Memo Item
EM-BLUM-TRANS20161109

C. MILLSPAUGH, PAUL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6203 ALDEN BRIDGE DR APT 7301

City SPRING	State TX	Zip Code 77382
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

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
10		31		2016

Transaction ID : SA11AI.386119

Amount of Each Receipt this Period
50.00

Memo Item

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 20 OF 49
	<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)
MADISON PROJECT INC.

A. MOORE, RANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 TRACKSIDE ROAD
 City CHAPPELL HILL State TX Zip Code 77426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WOOD GROUP HEXAGON Occupation (for Individual) TECHNICAL TRAINER
 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
 10 / 31 / 2016
Transaction ID : SA11AI.386125
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. MOYERS, JAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5356 E BRIARWOOD CIR
 City CENTENNIAL State CO Zip Code 80122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2016
Transaction ID : SA11AI.386423
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. NEWSOM, BARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2515 YORKTOWN DR
 City TUSCALOOSA State AL Zip Code 35406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SIMPSON NEWSOM CARDIOVASCULAR Occupation (for Individual) CVS SURGEON
 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 / 26 / 2016
Transaction ID : SA11AI.386026
 Amount of Each Receipt this Period
 100.00
 Memo Item

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: (check only one)	PAGE 21 OF 49
	<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)
MADISON PROJECT INC.

A. OLIVER, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 373
 City CENTER POINT State TX Zip Code 78010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) 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
 10 / 26 / 2016
Transaction ID : SA11AI.385924
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. PEYTON, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9228 E STATE ROAD 42
 City RAGO State KS Zip Code 67142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) 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
 10 / 26 / 2016
Transaction ID : SA11AI.386045
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. PFLANTZ, WARREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1222 TELEGRAPH RD
 City ARNOLD State MO Zip Code 63010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DOS PARES HOSPITAL Occupation (for Individual) GROUNDSKEEPER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2016
Transaction ID : SA11AI.385810
 Amount of Each Receipt this Period
 280.00
 Memo Item

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 22 OF 49
	(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)
MADISON PROJECT INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. REID, PETER, , ,			Date of Receipt
Mailing Address 40 LONG RD			<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2016"/>
City BASKING RIDGE	State NJ	Zip Code 07920	Transaction ID : SA11AI.386246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) INFORMATION REQUESTED		Occupation (for Individual) INFORMATION REQUESTED	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="205.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. RITCH, PHILIP, , ,			Date of Receipt
Mailing Address 146 KALUAMOO ST			<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2016"/>
City KAILUA	State HI	Zip Code 96734	Transaction ID : SA11AI.386391
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="200.00"/>
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. SALVESEN, JEANNE, , ,			Date of Receipt
Mailing Address 4 OAK BROOK CLUB DR APT G201			<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2016"/>
City OAK BROOK	State IL	Zip Code 60523	Transaction ID : SA11AI.385801
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 49
	<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	

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)
MADISON PROJECT INC.

A. SCHLECH, BARRY, A, DR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3550 COUNTRY VISTA DRIVE

City BURLESON	State TX	Zip Code 76028
------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) PHARMACEUTICAL MICROBIOLOGIS
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
606.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2016

Transaction ID : SA11AI.386116

Amount of Each Receipt this Period
182.00

Memo Item

B. SCHMIDT, HARRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7100 EAST BELLEVIEW AVE SUITE 307

City ENGLEWOOD	State CO	Zip Code 80111
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SCHMIDT + ASSOCIATES	Occupation (for Individual) CPA
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2016

Transaction ID : SA11AI.386075

Amount of Each Receipt this Period
500.00

Memo Item

C. SETCHELL, PHILLIS, , MRS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3813 SE 33RD ST

City TOPEKA	State KS	Zip Code 66605
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2016

Transaction ID : SA11AI.386086

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	732.00
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 49
	<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)
MADISON PROJECT INC.

A. SHERIDAN, PETER, F., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 E 23 ST

City LONG BEACH TWSP	State NJ	Zip Code 08008
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) 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
11	/	21	/	2016

Transaction ID : SA11AI.386432

Amount of Each Receipt this Period
25.00

Memo Item

B. SMITH, BAKER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3360 E TERRELL BRANCH CT SE

City MARIETTA	State GA	Zip Code 30067
------------------	-------------	-------------------

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

Name of Employer (for Individual) BDO CONSULTING CORP. ADVISORS	Occupation (for Individual) MANAGEMENT CONSULTANT
--	--

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	/	31	/	2016

Transaction ID : SA11AI.385901

Amount of Each Receipt this Period
100.00

Memo Item

C. STELLING, LEON, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 278

City COLE CAMP	State MO	Zip Code 65325
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) 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
10	/	31	/	2016

Transaction ID : SA11AI.385834

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	325.00
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 25 OF 49
	<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)
MADISON PROJECT INC.

A. STEYN, RUTH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3356 WHIPPOORWILL LN
 City OXFORD State MS Zip Code 38655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 27 / 2016
Transaction ID : SA11AI.386070
 Amount of Each Receipt this Period 40.00
 Memo Item

B. THOMAS, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 177 N HIGHLAND ST APT 4207
 City MEMPHIS State TN Zip Code 38111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.386274
 Amount of Each Receipt this Period 100.00
 Memo Item

C. TROMBORG, EVELYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9850 LYNDAL AVE S APT 417
 City MINNEAPOLIS State MN Zip Code 55420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11AI.385812
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	240.00
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 26 OF 49
	<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)
MADISON PROJECT INC.

A. VALERIUS, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1909 CANTERBURY ST
 City IRVING State TX Zip Code 75062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2016
Transaction ID : SA11AI.385947
 Amount of Each Receipt this Period 100.00
 Memo Item

B. VINZANT, BILLY, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1789 E LAKE RD
 City SKANEATELES State NY Zip Code 13152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.386306
 Amount of Each Receipt this Period 100.00
 Memo Item

C. WELBORN, HAROLD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 739
 City PENRYN State CA Zip Code 95663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2016
Transaction ID : SA11AI.386063
 Amount of Each Receipt this Period 100.00
 Memo Item

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 27 OF 49
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. WISE, ROBERT, H., , JR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2348 RIVER GRAND DR

City VESTAVIA	State AL	Zip Code 35243
------------------	-------------	-------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2016

Transaction ID : SA11AL386271

Amount of Each Receipt this Period
150.00

Memo Item

B. ZELLMER, ARTHUR, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 325

City DAVENPORT	State WA	Zip Code 99122
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) FARMER
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2016

Transaction ID : SA11AL386256

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	8753.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 49
<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)
MADISON PROJECT INC.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WILSON, JERRY, , ,

Mailing Address 9962 ROCKBROOK DR

City DALLAS	State TX	Zip Code 75220
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2016

Transaction ID : SA17.386235

Amount of Each Receipt this Period
5000.00

Memo Item
NON-CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

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

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

**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"/> 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)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address THIRD STREET, SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
PAC CC TRANSACTION FEES

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

C

Transaction ID : SB21B.38621

Amount of Each Disbursement this Period

341.04

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address THIRD STREET, SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement
PAC CC TRANSACTION FEES

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2016

FEC Identification Number

C

Transaction ID : SB21B.38633

Amount of Each Disbursement this Period

39.55

Memo Item

Full Name (Last, First, Middle Initial)

C. AT&T INC.

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement
PAC TELEPHONE

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2016

FEC Identification Number

C

Transaction ID : SB21B.38621

Amount of Each Disbursement this Period

149.10

Memo Item

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

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

529.69

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. AT&T INC.

Full Name (Last, First, Middle Initial)

Mailing Address 208 S AKARD ST

City DALLAS State TX Zip Code 75202

Purpose of Disbursement PAC TELEPHONE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.38644

Amount of Each Disbursement this Period: 149.10

Memo Item

B. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : SB21B.38634

Amount of Each Disbursement this Period: 12.00

Memo Item

C. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2016

FEC Identification Number: C

Transaction ID : SB21B.38644

Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 171.10

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. CAPITAL SQUARE FUNDING GROUP

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 10853

City RALEIGH State NC Zip Code 27605

Purpose of Disbursement PAC FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB21B.38624

Amount of Each Disbursement this Period: 1651.80

Memo Item

B. ELECTEK

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 23715

City CHAGRIN FALLS State OH Zip Code 44023

Purpose of Disbursement PAC SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB21B.38623

Amount of Each Disbursement this Period: 600.00

Memo Item

C. GOBER HILGERS PLLC

Full Name (Last, First, Middle Initial)

Mailing Address 2101 CEDAR SPRINGS RD STE 1050 SUITE 1050

City DALLAS State TX Zip Code 75201

Purpose of Disbursement PAC LEGAL FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB21B.38623

Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3751.80

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MAILCHIMP

Mailing Address 512 MEANS ST NW STE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement
PAC E-MARKETING

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
11 / 10 / 2016

FEC Identification Number

Transaction ID : SB21B.38640
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. MEDIA TEMPLE

Mailing Address 8520 NATIONAL BLVD BLDG A

City CULVER CITY State CA Zip Code 90232

Purpose of Disbursement
PAC WEB HOSTING

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
11 / 14 / 2016

FEC Identification Number

Transaction ID : SB21B.38641:
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PAYCHEX

Mailing Address 911 PANORAMA TRAIL S.

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement
PAC PAYROLL SERVICE FEES

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
10 / 31 / 2016

FEC Identification Number

Transaction ID : SB21B.3862:
Amount of Each Disbursement this Period

Memo Item

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"/> 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)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. PAYCHEX

Mailing Address 911 PANORAMA TRAIL S.

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement
PAC PAYROLL TAXES

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y
10 / 31 / 2016

FEC Identification Number

Transaction ID : SB21B.38622
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. PROFESSIONAL DATA SERVICES

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement
PAC COMPLIANCE CONSULTING

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y
11 / 21 / 2016

FEC Identification Number

Transaction ID : SB21B.38643
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. RYUN, JIM, , ,

Mailing Address 132 D ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC STAFF SALARY

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y
10 / 31 / 2016

FEC Identification Number

Transaction ID : SB21B.38622
Amount of Each Disbursement this Period

Memo Item

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"/> 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)
MADISON PROJECT INC.

A. RYUN, JIM, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 132 D ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement SEE MEMO

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB21B.38623

Amount of Each Disbursement this Period: 141.30

Memo Item

B. COMCAST

Full Name (Last, First, Middle Initial)

Mailing Address 900 MICHIGAN AVE NE

City WASHINGTON State DC Zip Code 20017

Purpose of Disbursement PAC TELEPHONE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB21B.38624

Amount of Each Disbursement this Period: 69.95

Memo Item

C. SHAFER, KRISTOFFER, L., ,

Full Name (Last, First, Middle Initial)

Mailing Address 2420 VIA BOLOGNA APT. 2428

City FORT WORTH State TX Zip Code 76109

Purpose of Disbursement PAC STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2016

FEC Identification Number: C

Transaction ID : SB21B.3864t

Amount of Each Disbursement this Period: 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2141.30

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 185 BERRY ST. STE. 550

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
PAC CC TRANSACTION FEES

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.38640

Amount of Each Disbursement this Period

[REDACTED] 33.30

Memo Item

Full Name (Last, First, Middle Initial)

B. TIDEWATER STRATEGIES LLC

Mailing Address PO BOX 10853

City RALEIGH State NC Zip Code 27605

Purpose of Disbursement
PAC DIGITAL CONSULTING

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.38641

Amount of Each Disbursement this Period

[REDACTED] 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.38622

Amount of Each Disbursement this Period

[REDACTED] 103.00

Memo Item

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

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

[REDACTED] 1636.30

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. UNITED STATES POSTAL OFFICE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2016

Mailing Address 220 N HATCHER AVE

City
PURCELLVILLE

State
VA

Zip Code
20132

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
PAC POSTAGE

001
Category/
Type

Transaction ID : SB21B.38622

Amount of Each Disbursement this Period

[REDACTED] 6.45

Candidate Name

Memo Item

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL OFFICE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2016

Mailing Address 220 N HATCHER AVE

City
PURCELLVILLE

State
VA

Zip Code
20132

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
PAC POSTAGE

001
Category/
Type

Transaction ID : SB21B.38622

Amount of Each Disbursement this Period

[REDACTED] 6.45

Candidate Name

Memo Item

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL OFFICE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2016

Mailing Address 220 N HATCHER AVE

City
PURCELLVILLE

State
VA

Zip Code
20132

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
PAC POSTAGE

001
Category/
Type

Transaction ID : SB21B.38622

Amount of Each Disbursement this Period

[REDACTED] 6.45

Candidate Name

Memo Item

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

[REDACTED] 19.35

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.38634
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.38634
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL OFFICE

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement
PAC POSTAGE

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.38641
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial) A. COLM FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address PO BOX 893		FEC Identification Number C C00592055 Transaction ID : SB23.386217
City STAYTON	State OR	Zip Code 97383
Purpose of Disbursement CONTRIBUTION		Category/Type 001
Candidate Name WILLIS, COLM, , ,		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 05	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. COLM FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address PO BOX 893		FEC Identification Number C C00592055 Transaction ID : SB23.385798
City STAYTON	State OR	Zip Code 97383
Purpose of Disbursement CONDUIT FROM EVA SCOTT		Category/Type 001
Candidate Name WILLIS, COLM, , ,		Amount of Each Disbursement this Period 25.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 05	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. COLM FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address PO BOX 893		FEC Identification Number C C00592055 Transaction ID : SB23.385797
City STAYTON	State OR	Zip Code 97383
Purpose of Disbursement CONDUIT FROM LEOLA HARMAN		Category/Type 001
Candidate Name WILLIS, COLM, , ,		Amount of Each Disbursement this Period 50.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 05	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial) A. COLM FOR CONGRESS		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address PO BOX 893		FEC Identification Number C C00592055 Transaction ID : SB23.386232
City STAYTON	State OR	Zip Code 97383
Purpose of Disbursement CONDUIT BY KIRWAN MACMILLAN		Category/Type 001
Candidate Name WILLIS, COLM, , ,		Amount of Each Disbursement this Period 30.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: OR	District: 05	

Full Name (Last, First, Middle Initial) B. COLM FOR CONGRESS		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address PO BOX 893		FEC Identification Number C C00592055 Transaction ID : SB23.386396
City STAYTON	State OR	Zip Code 97383
Purpose of Disbursement TRANSMITTAL OF EARMARKS		Category/Type 001
Candidate Name WILLIS, COLM, , ,		Amount of Each Disbursement this Period 40.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OR	District: 05	

Full Name (Last, First, Middle Initial) C. COLM FOR CONGRESS		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address PO BOX 893		FEC Identification Number C C00592055 Transaction ID : SB23.386397
City STAYTON	State OR	Zip Code 97383
Purpose of Disbursement EARMARKED BY LAURENCE MENDENHALL ID# 143215		Category/Type 001
Candidate Name WILLIS, COLM, , ,		Amount of Each Disbursement this Period 40.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: OR	District: 05	

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

40.00

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

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. FRIENDS OF JIM BRIDENSTINE INC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PMB 230
8086 SOUTH YALE

M M M	/	D D D	/	Y Y Y Y Y
10		28		2016

City TULSA State OK Zip Code 74136

FEC Identification Number

Purpose of Disbursement
CONTRIBUTION

001
Category/ Type

C C00502393

Transaction ID : SB23.386219

Amount of Each Disbursement this Period

Candidate Name
BRIDENSTINE, JAMES, FREDERICK, ,

500.00

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OK District: 01

Memo Item

B. JIM BANKS FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 11431

M M M	/	D D D	/	Y Y Y Y Y
10		28		2016

City FORT WAYNE State IN Zip Code 46858

FEC Identification Number

Purpose of Disbursement
CONTRIBUTION

001
Category/ Type

C C00577999

Transaction ID : SB23.386215

Amount of Each Disbursement this Period

Candidate Name
BANKS, JAMES, E, ,

1000.00

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IN District: 03

Memo Item

C. JIM BANKS FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 11431

M M M	/	D D D	/	Y Y Y Y Y
10		31		2016

City FORT WAYNE State IN Zip Code 46858

FEC Identification Number

Purpose of Disbursement
CONDUIT FROM HELEN LYNCH

001
Category/ Type

C C00577999

Transaction ID : SB23.385795

Amount of Each Disbursement this Period

Candidate Name
BANKS, JAMES, E, ,

25.00

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IN District: 03

Memo Item

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

1500.00

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

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial) A. JIM BANKS FOR CONGRESS INC.		Date of Disbursement M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2016	
Mailing Address PO BOX 11431		FEC Identification Number C C00577999 Transaction ID : SB23.385796	
City FORT WAYNE	State IN	Zip Code 46858	Amount of Each Disbursement this Period 50.00
Purpose of Disbursement CONDUIT FROM LEOLA HARMAN		Category/ Type 001	Memo Item <input checked="" type="checkbox"/>
Candidate Name BANKS, JAMES, E, ,		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 03		

Full Name (Last, First, Middle Initial) B. ROD BLUM FOR CONGRESS		Date of Disbursement M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2016	
Mailing Address 2728 ASBUSY ROAD STE 400		FEC Identification Number C C00543926 Transaction ID : SB23.386216	
City DUBUQUE	State IA	Zip Code 52001	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTRIBUTION		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name BLUM, RODNEY, LELAND, ,		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 01		

Full Name (Last, First, Middle Initial) C. ROD BLUM FOR CONGRESS		Date of Disbursement M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2016	
Mailing Address 2728 ASBUSY ROAD STE 400		FEC Identification Number C C00543926 Transaction ID : SB23.385794	
City DUBUQUE	State IA	Zip Code 52001	Amount of Each Disbursement this Period 50.00
Purpose of Disbursement CONDUIT FROM LEOLA HARMAN		Category/ Type 001	Memo Item <input checked="" type="checkbox"/>
Candidate Name BLUM, RODNEY, LELAND, ,		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 01		

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial) A. ROD BLUM FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y Y 11 / 09 / 2016	
Mailing Address 2728 ASBUSY ROAD STE 400			
City DUBUQUE	State IA	Zip Code 52001	
Purpose of Disbursement TRANSMITTAL OF EARMARKS		001	FEC Identification Number C C00543926 Transaction ID : SB23.386398
Candidate Name BLUM, RODNEY, LELAND, ,		Amount of Each Disbursement this Period 40.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IA District: 01	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. ROD BLUM FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y Y 11 / 04 / 2016	
Mailing Address 2728 ASBUSY ROAD STE 400			
City DUBUQUE	State IA	Zip Code 52001	
Purpose of Disbursement EARMARKED BY LAURENCE MENDENHALL ID# 143215		001	FEC Identification Number C C00543926 Transaction ID : SB23.386399
Candidate Name BLUM, RODNEY, LELAND, ,		Amount of Each Disbursement this Period 40.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IA District: 01	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. RON DESANTIS FOR FLORIDA		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 28 / 2016	
Mailing Address 133 S HARBOR DRIVE			
City VENICE	State FL	Zip Code 34285	
Purpose of Disbursement CONTRIBUTION		001	FEC Identification Number C C00511568 Transaction ID : SB23.386218
Candidate Name DESANTIS, RONALD, , ,		Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 06	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....	1040.00
TOTAL This Period (last page this line number only).....	1040.00

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

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)
MADISON PROJECT INC.

A. RON DESANTIS FOR FLORIDA

Full Name (Last, First, Middle Initial)
Mailing Address 133 S HARBOR DRIVE

City VENICE State FL Zip Code 34285

Purpose of Disbursement
CONDUIT FROM LEOLA HARMAN

Candidate Name
DESANTIS, RONALD, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 06

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C 00511568
Transaction ID : SB23.385793
Amount of Each Disbursement this Period: 50.00

Memo Item

B. RON DESANTIS FOR FLORIDA

Full Name (Last, First, Middle Initial)
Mailing Address 133 S HARBOR DRIVE

City VENICE State FL Zip Code 34285

Purpose of Disbursement
CONDUIT BY KIRWAN MACMILLAN

Candidate Name
DESANTIS, RONALD, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 06

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C 00511568
Transaction ID : SB23.386233
Amount of Each Disbursement this Period: 30.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	4580.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial) A. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] Transaction ID : SB29.386222
City CHARLOTTE	State NC	Zip Code 28202
Purpose of Disbursement PAC BANK FEES (NON-CONTRIBUTION ACCOUNT)		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 30.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] Transaction ID : SB29.386401
City CHARLOTTE	State NC	Zip Code 28202
Purpose of Disbursement PAC BANK FEES (NON-CONTRIBUTION ACCOUNT)		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. GOBER HILGERS PLLC		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 2101 CEDAR SPRINGS RD STE 1050 SUITE 1050		FEC Identification Number C [REDACTED] Transaction ID : SB29.386243
City DALLAS	State TX	Zip Code 75201
Purpose of Disbursement PAC LEGAL FEES (NON-CONTRIBUTION ACCOUNT)		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 1500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

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

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

1540.00
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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)
MADISON PROJECT INC.

Full Name (Last, First, Middle Initial) A. PROFESSIONAL DATA SERVICES		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address 824 S MILLEDGE AVE STE 101		FEC Identification Number C [REDACTED] Transaction ID : SB29.386433 Amount of Each Disbursement this Period 2000.00
City ATHENS	State GA	Zip Code 30605
Purpose of Disbursement PAC COMPLIANCE CONSULTING (NON-CONTRIBUTION ACCOUNT)		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. SHAFER, KRISTOFFER, L., ,		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016
Mailing Address 2420 VIA BOLOGNA APT. 2428		FEC Identification Number C [REDACTED] Transaction ID : SB29.386400 Amount of Each Disbursement this Period 2000.00
City FORT WORTH	State TX	Zip Code 76109
Purpose of Disbursement PAC STRATEGY CONSULTING (NON-CONTRIBUTION ACCOUNT)		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. TIDEWATER STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address PO BOX 10853		FEC Identification Number C [REDACTED] Transaction ID : SB29.386411 Amount of Each Disbursement this Period 1500.00
City RALEIGH	State NC	Zip Code 27605
Purpose of Disbursement PAC DIGITAL CONSULTING (NON-CONTRIBUTION ACCOUNT)		001 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

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

5500.00

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

7040.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 46 OF 49
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RED METRICS LLC			Nature of Debt (Purpose): IE-WILLIS/SCHRADER-MOBILE DEVICE DELIVERY
Mailing Address PO BOX 6014			
City FRISCO	State TX	Zip Code 75035	

Outstanding Balance Beginning This Period <input type="text" value="20540.40"/>	Transaction ID : SD10.7	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="20540.40"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RED METRICS LLC			Nature of Debt (Purpose): IE-WILLIS-MOBILE DEVICE DELIVERY
Mailing Address PO BOX 6014			
City FRISCO	State TX	Zip Code 75035	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.8	
Amount Incurred This Period <input type="text" value="4812.05"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4812.05"/>

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="4812.05"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="4812.05"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="4812.05"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.
FEC IDENTIFICATION NUMBER
C C00298000

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
MADISON PROJECT INC.
Mailing Address PO BOX 15179
City WASHINGTON State DC Zip Code 20003
Purpose of Expenditure ONLINE PROCESSING FEES
Category/Type 001
Date of Public Distribution/Dissemination 11/04/2016
Amount 2.00
Transaction ID : SE.386341
Date of Disbursement or Obligation 11/04/2016

Name of Federal Candidate:
BLUM, RODNEY, LELAND,
Support Oppose
Office Sought: House District: 01
President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 28.00
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
MADISON PROJECT INC.
Mailing Address PO BOX 15179
City WASHINGTON State DC Zip Code 20003
Purpose of Expenditure ONLINE PROCESSING FEES
Category/Type 001
Date of Public Distribution/Dissemination 11/03/2016
Amount 2.00
Transaction ID : SE.386340
Date of Disbursement or Obligation 11/03/2016

Name of Federal Candidate:
WILLIS, COLM,
Support Oppose
Office Sought: House District: 05
President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 75220.75
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KILGORE, PAUL, A, MR.,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00298000 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item RED METRICS LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 19 / 2016</div>		
Mailing Address PO BOX 6014			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10270.20</div>		
City FRISCO	State TX	Zip Code 75035			
Purpose of Expenditure MOBILE DEVICE DELIVERY (NON-CONTRIBUTION ACCOUNT)		Category/Type 001	Transaction ID : SE.386220 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 28 / 2016</div>		
Name of Federal Candidate: WILLIS, COLM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>05</u> State: <u>OR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">70406.70</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input checked="" type="checkbox"/> Memo Item RED METRICS LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 03 / 2016</div>		
Mailing Address PO BOX 6014			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4812.05</div>		
City FRISCO	State TX	Zip Code 75035			
Purpose of Expenditure MOBILE DEVICE DELIVERY		Category/Type 001	Transaction ID : SE.386234 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 03 / 2016</div>		
Name of Federal Candidate: WILLIS, COLM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>05</u> State: <u>OR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">75218.75</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">10270.20</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KILGORE, PAUL, A, MR.,

[Electronically Filed]

Date

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

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.	FEC IDENTIFICATION NUMBER ▼ C C00298000
--	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee RED METRICS LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO BOX 6014	Amount <input type="text"/>
City FRISCO State TX Zip Code 75035	Transaction ID : SE.386221
Purpose of Expenditure MOBILE DEVICE DELIVERY (NON-CONTRIBUTION ACCOUNT) Category/Type <input type="text"/> 001	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: SCHRADER, KURT, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 70406.70	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount <input type="text"/>
City State Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 10270.20
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/> 20544.40

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KILGORE, PAUL, A, MR., **[Electronically Filed]** Date / /

Signature