

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |  |                                                                                            |                                                                                                                                                                                              |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Madison Project Inc.</b>                                                                                                                                         |  |                                                                                            | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00298000                                                                                                                                            |  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |                                                                                            | M M M / D D D / Y Y Y Y Y Y                                                                                                                                                                  |  |  |
| Full Name of Payee<br><b>Universal Media Inc.</b>                                                                                                                                                  |  |                                                                                            | Date of Public Distribution/Dissemination<br>M M M / D D D / Y Y Y Y Y Y<br><b>10 / 17 / 2014</b>                                                                                            |  |  |
| Mailing Address <b>4999 Louise Dr</b>                                                                                                                                                              |  |                                                                                            | Amount<br>20000.00                                                                                                                                                                           |  |  |
| City <b>Mechanicsburg</b>                                                                                                                                                                          |  | State <b>PA</b>                                                                            | Transaction ID : <b>SE.308948</b>                                                                                                                                                            |  |  |
| Zip Code <b>17055</b>                                                                                                                                                                              |  | Date of Disbursement or Obligation<br>M M M / D D D / Y Y Y Y Y Y<br><b>10 / 17 / 2014</b> |                                                                                                                                                                                              |  |  |
| Purpose of Expenditure<br><b>Radio Advertising</b>                                                                                                                                                 |  | Category/Type <b>001</b>                                                                   |                                                                                                                                                                                              |  |  |
| Name of Federal Candidate<br><b>COLONEL ROBERT L MANESS</b>                                                                                                                                        |  |                                                                                            | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                               |  |  |
|                                                                                                                                                                                                    |  |                                                                                            | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President <input type="checkbox"/> District: <b>00</b> State: <b>LA</b> |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                            |  |                                                                                            | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                 |  |  |
| <b>20004.75</b>                                                                                                                                                                                    |  |                                                                                            | <b>2014</b>                                                                                                                                                                                  |  |  |

  

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

  

|                                                                    |          |
|--------------------------------------------------------------------|----------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | 20000.00 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |          |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | 20000.00 |

  

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.

Mr. Paul A Kilgore

[Electronically Filed]

Signature \_\_\_\_\_ Date **10 / 17 / 2014**