

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 **11 / 08 / 2016** in the State of **TX**
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period **10 / 01 / 2016** through **10 / 19 / 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 **10 / 27 / 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"/>		<input type="text" value="19305.16"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="116305.20"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6585.00"/>	<input type="text" value="548509.93"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="122890.20"/>	<input type="text" value="567815.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="65534.90"/>	<input type="text" value="510459.79"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="57355.30"/>	<input type="text" value="57355.30"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="20540.40"/>	

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: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3260.00	113885.00
(ii) Unitemized	3325.00	178374.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6585.00	292259.36
(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)	6585.00	292259.36
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.).....	0.00	255000.00
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)).....▶	6585.00	548509.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6585.00	548509.93

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	2811.90	286612.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2811.90	286612.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60.00	32911.00
24. Independent Expenditures (use Schedule E)	49543.00	83758.15
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).....	13120.00	105282.67
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)) ..	65534.90	510459.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65534.90	510459.79

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)	6585.00	292259.36
34. Total Contribution Refunds (from Line 28(d))	0.00	1895.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6585.00	290364.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2811.90	286612.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	128.29
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2811.90	286484.68

**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 27
	<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. BARTHOLOMA, CAROLYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5717 W LEIBER PL

City GLENDALE	State AZ	Zip Code 85310
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2016

Transaction ID : SA11AI.385693

Amount of Each Receipt this Period
 300.00

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
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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 ▼
363.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2016

Transaction ID : SA11AI.385702

Amount of Each Receipt this Period
 50.00

Memo Item

C. BROWN, WENDELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 N FILLMORE ST

City ARLINGTON	State VA	Zip Code 22201
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2016

Transaction ID : SA11AI.385727

Amount of Each Receipt this Period
 25.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 27
	(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. BUZBEE, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 E DOUGLAS ST
 City DE SOTO State IL Zip Code 62924
 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 ▼ 600.00

Date of Receipt 10 / 10 / 2016
Transaction ID : SA11AI.385706
 Amount of Each Receipt this Period 50.00
 Memo Item

B. BUZBEE, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 E DOUGLAS ST
 City DE SOTO State IL Zip Code 62924
 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 ▼ 635.00

Date of Receipt 10 / 17 / 2016
Transaction ID : SA11AI.385766
 Amount of Each Receipt this Period 35.00
 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 ▼ 285.00

Date of Receipt 10 / 10 / 2016
Transaction ID : SA11AI.385711
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 110.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 27
	(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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) D.H.S.	Occupation (for Individual) FEDERAL EMPLOYEE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

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

Transaction ID : SA11AI.385710

Amount of Each Receipt this Period
50.00

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

Name of Employer (for Individual) D.H.S.	Occupation (for Individual) FEDERAL EMPLOYEE
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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
10	/	18	/	2016

Transaction ID : SA11AI.385767

Amount of Each Receipt this Period
100.00

Memo Item

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

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

Transaction ID : SA11AI.385698

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	190.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<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. CROUCH, DENNIS E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3069 RANCHFIELD DR
 City DAYTON State OH Zip Code 45432
 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 / 11 / 2016
Transaction ID : SA11AI.385714
 Amount of Each Receipt this Period 50.00
 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 ▼ 2410.00

Date of Receipt 10 / 06 / 2016
Transaction ID : SA11AI.385665
 Amount of Each Receipt this Period 100.00
 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 ▼ 2510.00

Date of Receipt 10 / 10 / 2016
Transaction ID : SA11AI.385708
 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 10 OF 27
	<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. 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 ▼ 2610.00

Date of Receipt 10 / 13 / 2016
Transaction ID : SA11AI.385730
 Amount of Each Receipt this Period 100.00
 Memo Item

B. 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 ▼ 250.00

Date of Receipt 10 / 12 / 2016
Transaction ID : SA11AI.385723
 Amount of Each Receipt this Period 50.00
 Memo Item

C. HINDS, BEVERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5100 JOHN D RYAN BLVD APT 150
 City SAN ANTONIO State TX Zip Code 78245
 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 / 11 / 2016
Transaction ID : SA11AI.385689
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 27
	<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2016

Transaction ID : SA11AI.385739

Amount of Each Receipt this Period
100.00

Memo Item

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

Name of Employer (for Individual) SOUTHERN ARKANSAS UNIVERSITY T	Occupation (for Individual) TEACHER
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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		13		2016

Transaction ID : SA11AI.385732

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address PO BOX 293

City MOUNT HOPE	State KS	Zip Code 67108
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CORNERSTONE BUILDERS, INC.	Occupation (for Individual) OFFICE MANAGER
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2016

Transaction ID : SA11AI.385742

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
	<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. LYONS, PATRICK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2109 JEFFERSON AVE.

City MCALLEN	State TX	Zip Code 78504
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BETTCHEM MFG	Occupation (for Individual) FINANCE
---	--

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		06		2016

Transaction ID : SA11AI.385668

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 2109 JEFFERSON AVE.

City MCALLEN	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer (for Individual) BETTCHEM MFG	Occupation (for Individual) FINANCE
---	--

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		11		2016

Transaction ID : SA11AI.385720

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 906 SNOWBERRY LN

City SANIBEL	State FL	Zip Code 33957
-----------------	-------------	-------------------

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 ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

Transaction ID : SA11AI.385662

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 27
	<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. STEIN, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3355 ANNANDALE LN STE 4
 City SUWANEE State GA Zip Code 30024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2016
Transaction ID : SA11AI.385696
 Amount of Each Receipt this Period 250.00
 Memo Item

B. WEIDIG, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3819 S 18TH ST
 City SHEBOYGAN State WI Zip Code 53081
 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 ▼ 750.00

Date of Receipt 10 / 11 / 2016
Transaction ID : SA11AI.385695
 Amount of Each Receipt this Period 100.00
 Memo Item

C. WOOD, JEFFERY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 BUCKINGHAM LN
 City ALLEN State TX Zip Code 75002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) OPTOMETRIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 10 / 12 / 2016
Transaction ID : SA11AI.385744
 Amount of Each Receipt this Period 20.00
 Memo Item
 EM-BANKS-TRANS20161018

SUBTOTAL of Receipts This Page (optional).....▶ 370.00
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 27
	<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. WOOD, JEFFERY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 BUCKINGHAM LN
 City ALLEN State TX Zip Code 75002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) OPTOMETRIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 80.00

Date of Receipt 10 / 12 / 2016
Transaction ID : SA11AI.385743
 Amount of Each Receipt this Period 20.00
 Memo Item
 EM-DESANTIS-TRANS20161018

B. WOOD, JEFFERY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 BUCKINGHAM LN
 City ALLEN State TX Zip Code 75002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) OPTOMETRIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 120.00

Date of Receipt 10 / 12 / 2016
Transaction ID : SA11AI.385745
 Amount of Each Receipt this Period 20.00
 Memo Item
 EM-BLUM-TRANS20161018

C. WORMALD, ROBERT, K, MR, SR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10121 CHAPEL RD
 City POTOMAC State MD Zip Code 20854
 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 ▼ 1000.00

Date of Receipt 10 / 11 / 2016
Transaction ID : SA11AI.385675
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1040.00
TOTAL This Period (last page this line number only).....	3260.00

**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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y
10 / 19 / 2016

FEC Identification Number
C
Transaction ID : SB21B.38564
Amount of Each Disbursement this Period
153.55

Memo Item

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address **100 N TRYON ST**

City **CHARLOTTE** State **NC** Zip Code **28202**

Purpose of Disbursement
PAC BANK FEES

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y
10 / 03 / 2016

FEC Identification Number
C
Transaction ID : SB21B.38567
Amount of Each Disbursement this Period
12.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address **100 N TRYON ST**

City **CHARLOTTE** State **NC** Zip Code **28202**

Purpose of Disbursement
PAC BANK FEES

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y
10 / 05 / 2016

FEC Identification Number
C
Transaction ID : SB21B.38567
Amount of Each Disbursement this Period
30.00

Memo Item

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

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

195.55

**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. CAPITAL SQUARE FUNDING GROUP

Mailing Address PO BOX 10853

City RALEIGH State NC Zip Code 27605

Purpose of Disbursement
PAC FUNDRAISING 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 Y
10 / 11 / 2016

FEC Identification Number

Transaction ID : SB21B.38575
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)
B. ELECTEK

Mailing Address PO BOX 23715

City CHAGRIN FALLS State OH Zip Code 44023

Purpose of Disbursement
PAC SOFTWARE

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 Y
10 / 18 / 2016

FEC Identification Number

Transaction ID : SB21B.38575
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)
C. 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
M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

FEC Identification Number

Transaction ID : SB21B.38575
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="2519.60"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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. 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

/ /

FEC Identification Number

Transaction ID : SB21B.38575
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 185 BERRY ST. STE. 550

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
PAC CC TRANSACTION FEES

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.38574
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.38567
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. JIM BANKS FOR CONGRESS INC.		Date of Disbursement MM / DD / YYYY 10 / 18 / 2016
Mailing Address PO BOX 11431		FEC Identification Number C C00577999 Transaction ID : SB23.385757
City FORT WAYNE	State IN	Zip Code 46858
Purpose of Disbursement TRANSMITTAL OF EARMARKS		Category/Type 001
Candidate Name BANKS, JAMES, E, ,		Amount of Each Disbursement this Period 20.00
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: IN District: 03		

Full Name (Last, First, Middle Initial) B. JIM BANKS FOR CONGRESS INC.		Date of Disbursement MM / DD / YYYY 10 / 12 / 2016
Mailing Address PO BOX 11431		FEC Identification Number C C00577999 Transaction ID : SB23.385758
City FORT WAYNE	State IN	Zip Code 46858
Purpose of Disbursement EARMARKED BY JEFFERY WOOD ID# 28064		Category/Type 001
Candidate Name BANKS, JAMES, E, ,		Amount of Each Disbursement this Period 20.00
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: IN District: 03		

Full Name (Last, First, Middle Initial) C. ROD BLUM FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 08 / 2016
Mailing Address 2728 ASBUSY ROAD STE 400		FEC Identification Number C C00543926 Transaction ID : SB23.385759
City DUBUQUE	State IA	Zip Code 52001
Purpose of Disbursement TRANSMITTAL OF EARMARKS		Category/Type 001
Candidate Name BLUM, RODNEY, LELAND, ,		Amount of Each Disbursement this Period 20.00
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: IA District: 01		

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

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

40.00

**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 Y 10 / 12 / 2016	
Mailing Address 2728 ASBUSY ROAD STE 400			
City DUBUQUE	State IA	Zip Code 52001	
Purpose of Disbursement EARMARKED BY JEFFERY WOOD ID# 28064		Category/ Type 001	
Candidate Name BLUM, RODNEY, LELAND, ,			
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	Amount of Each Disbursement this Period 20.00		
		<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RON DESANTIS FOR FLORIDA		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 18 / 2016	
Mailing Address 133 S HARBOR DRIVE			
City VENICE	State FL	Zip Code 34285	
Purpose of Disbursement TRANSMITTAL OF EARMARKS		Category/ Type 001	
Candidate Name DESANTIS, RONALD, , ,			
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	Amount of Each Disbursement this Period 20.00		
		<input 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 Y 10 / 12 / 2016	
Mailing Address 133 S HARBOR DRIVE			
City VENICE	State FL	Zip Code 34285	
Purpose of Disbursement EARMARKED BY JEFFERY WOOD ID# 28064		Category/ Type 001	
Candidate Name DESANTIS, RONALD, , ,			
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	Amount of Each Disbursement this Period 20.00		
		<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	60.00

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.

A. 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 (NON-CONTRIBUTION ACCOUNT) Category/Type **001**

Candidate Name

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

State: District:

Date of Disbursement: 10 / 04 / 2016

FEC Identification Number: **C**

Transaction ID : **SB29.385655**

Amount of Each Disbursement this Period: 30.00

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 (NON-CONTRIBUTION ACCOUNT) Category/Type **001**

Candidate Name

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

State: District:

Date of Disbursement: 10 / 04 / 2016

FEC Identification Number: **C**

Transaction ID : **SB29.385653**

Amount of Each Disbursement this Period: 30.00

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 (NON-CONTRIBUTION ACCOUNT) Category/Type **001**

Candidate Name

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

State: District:

Date of Disbursement: 10 / 06 / 2016

FEC Identification Number: **C**

Transaction ID : **SB29.385658**

Amount of Each Disbursement this Period: 30.00

Memo Item

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

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 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.

A. 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 (NON-CONTRIBUTION ACCOUNT) Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 06 / 2016

FEC Identification Number C

Transaction ID : SB29.385659

Amount of Each Disbursement this Period 30.00

Memo Item

B. 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 (NON-CONTRIBUTION ACCOUNT) Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 04 / 2016

FEC Identification Number C

Transaction ID : SB29.385652

Amount of Each Disbursement this Period 2500.00

Memo Item

C. PROFESSIONAL DATA SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement PAC COMPLIANCE CONSULTING (NON-CONTRIBUTION ACCOUNT) Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 04 / 2016

FEC Identification Number C

Transaction ID : SB29.385651

Amount of Each Disbursement this Period 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5030.00

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 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. SARATOGA STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016
Mailing Address 1550 OLD ANNETTA ROAD		FEC Identification Number C [] Transaction ID : SB29.385656 Amount of Each Disbursement this Period 5000.00
City ALEDO	State TX	Zip Code 76008
Purpose of Disbursement PAC STRATEGY CONSULTING (NON-CONTRIBUTION ACCOUNT)		Category/Type 001
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. TIDEWATER STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016
Mailing Address PO BOX 10853		FEC Identification Number C [] Transaction ID : SB29.385660 Amount of Each Disbursement this Period 3000.00
City RALEIGH	State NC	Zip Code 27605
Purpose of Disbursement PAC DIGITAL CONSULTING (NON-CONTRIBUTION ACCOUNT)		Category/Type 001
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period
City	State	Zip Code
Purpose of Disbursement		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).....▶	8000.00
TOTAL This Period (last page this line number only).....▶	13120.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 27
	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		Transaction ID : SD10.7	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
20540.40	0.00	20540.40	

B. 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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	20540.40
2) TOTALS This Period (last page this line number only)..... ▶	20540.40
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	20540.40

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

Full Name of Payee <input type="checkbox"/> Memo Item FRONTLINE POLITICAL STRATEGY		Date of Public Distribution/Dissemination 10 / 04 / 2016
Mailing Address 2416 VIA BOLOGNA #2321		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 25000.00 </div>
City FORT WORTH	State TX	
Zip Code 76109	Transaction ID : SE.385650 Date of Disbursement or Obligation 10 / 06 / 2016	
Purpose of Expenditure TELEMARKETING (NON-CONTRIBUTION ACCOUNT)		Category/Type 001
Name of Federal Candidate: WILLIS, COLM, , ,		Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 25326.30 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item JAMESTOWN ASSOCIATES		Date of Public Distribution/Dissemination 10 / 10 / 2016
Mailing Address 116 CRAIG ROAD		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 23040.00 </div>
City MANALAPAN	State NJ	
Zip Code 07726	Transaction ID : SE.385654 Date of Disbursement or Obligation 10 / 04 / 2016	
Purpose of Expenditure RADIO ADVERTISING (NON-CONTRIBUTION ACCOUNT)		Category/Type 001
Name of Federal Candidate: SCHRADER, KURT, , ,		Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 48366.30 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 48040.00 </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

10 / 27 / 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
JAMESTOWN ASSOCIATES
Mailing Address
116 CRAIG ROAD
City
MANALAPAN State
NJ Zip Code
07726
Purpose of Expenditure
MEDIA PRODUCTION (NON-CONTRIBUTION ACCOUNT)
Category/Type
001
Date of Public Distribution/Dissemination
10 / 10 / 2016
Amount
1500.00
Transaction ID : SE.385657
Date of Disbursement or Obligation
10 / 06 / 2016
Name of Federal Candidate:
SCHRADER, KURT, ,
Office Sought:
House District: 05
State: OR
Disbursement For:
General 2016
Calendar Year-To-Date
Per Election for Office Sought
49866.30

Full Name of Payee
MADISON PROJECT INC.
Mailing Address
PO BOX 15179
City
WASHINGTON State
DC Zip Code
20003
Purpose of Expenditure
ONLINE PROCESSING
Category/Type
001
Date of Public Distribution/Dissemination
10 / 12 / 2016
Amount
1.00
Transaction ID : SE.385752
Date of Disbursement or Obligation
10 / 12 / 2016
Name of Federal Candidate:
BLUM, RODNEY, LELAND, ,
Office Sought:
House District: 01
State: IA
Disbursement For:
General 2016
Calendar Year-To-Date
Per Election for Office Sought
26.00

(a) SUBTOTAL of Itemized Independent Expenditures 1501.00
(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 10 / 27 / 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;"> C C00298000 </div>
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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 MADISON PROJECT INC.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 10 / 12 / 2016
Mailing Address PO BOX 15179	Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 1.00 Transaction ID : SE.385754 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 10 / 12 / 2016
City WASHINGTON State DC Zip Code 20003	
Purpose of Expenditure DONATION PROCESSING Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>	
Name of Federal Candidate: DESANTIS, RONALD, , , <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>06</u> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 9.00	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 MADISON PROJECT INC.	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 10 / 12 / 2016
Mailing Address PO BOX 15179	Amount <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 1.00 Transaction ID : SE.385753 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 10 / 12 / 2016
City WASHINGTON State DC Zip Code 20003	
Purpose of Expenditure DONATION PROCESSING Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>	
Name of Federal Candidate: BANKS, JAMES, E, , <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>03</u> State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> 20.25	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;"> M M / D D / Y Y Y Y Y Y </div> 2.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div> _____
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </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

 10 / 27 / 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
Mailing Address PO BOX 6014
City FRISCO State TX Zip Code 75035
Purpose of Expenditure MOBILE DEVICE DELIVERY
Category/Type 001
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 60136.50
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee RED METRICS LLC
Mailing Address PO BOX 6014
City FRISCO State TX Zip Code 75035
Purpose of Expenditure MOBILE DEVICE DELIVERY
Category/Type 001
Name of Federal Candidate: SCHRADER, KURT, ,
Support Oppose
Office Sought: House District: 05
President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 70406.70
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures 49543.00

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.

KILGORE, PAUL, A, MR.,

[Electronically Filed]

Date

10 / 27 / 2016

Signature