STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. MADISON PROJECT INC. PO Box 655 ADDRESS (number and street) (Check if address is changed) Aledo 76008 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS madisonproject@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00298000 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Kilgore, Paul, , Mr., Type or Print Name of Treasurer Kilgore, Paul, , Mr., [Electronically Filed] 06 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	FEC	Form 1 (Revised 02/2009)	Page 2
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Candidate Candidate Candidate Candidate Candidate Party Affiliation Committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (n) This committee is a committee of subordinate or subordinate or subordinate or subordinate. Political Action Committee (PAC): (n) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.) Its committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or promittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this commi			
Name of Candidate Candidate Party Affiliation City This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
Candidate Party Affiliation Office Sought: House Senate President District Co This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a	(b)		nplete the candidate
Party Affiliation			
Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) F Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Corporation Corporation No Capital Stock Labor Organization Membership Organization Trade Association Cooperative In addition, this committee is a Lobbyist/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or procommittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Joint Fundraising Representative: (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1. FEC ID number C FEC ID number C		*****	
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Joint Fundraising Representative: (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1. FEC ID number C 2. FEC ID number C		In addition, this committee is a Lobbyist/Registrant PAC.	
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1. FEC ID number C 2. FEC ID number C	(n)		wo or more political
2. FEC ID number	Co	ommittees Participating in Joint Fundraiser	
2. FEC ID number			
3. FEC ID number		FEC ID number	
4.			

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Write or Type Committee		
MADISON P	PROJECT INC.	
	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Lo	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Con	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the person	ı in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number]
3. Treasurer: List the name any designated agent (ne and address (phone number optional) of the treasurer of the committee; and (e.g., assistant treasurer).	the name and address of
	ore, Paul, , Mr.,	1
of Treasurer	824 S. Milledge Ave. Ste. 101	
Mailing Address		
	Athens GA 30	0605
	CITY STATE	ZIP CODE
Title or Position Treasurer	706 Telephone number	_ 534 _ 7780

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	or Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. Depository, etc.	
safety deposit b Name of Bank,	Depository, etc. Bank of America 201 Pennsylvania Ave. SE	
safety deposit b	Depository, etc. Bank of America 201 Pennsylvania Ave. SE	
safety deposit b Name of Bank,	Depository, etc. Bank of America 201 Pennsylvania Ave. SE)3
safety deposit b Name of Bank,	Depository, etc. Bank of America 201 Pennsylvania Ave. SE	D3
safety deposit b Name of Bank,	Depository, etc. Bank of America 201 Pennsylvania Ave. SE Washington CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Bank of America 201 Pennsylvania Ave. SE Washington CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Bank of America 201 Pennsylvania Ave. SE Washington CITY STATE Depository, etc. FIRST VIRGINIA COMMUNITY BANK 11325 RANDOM HILLS DR	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 201 Pennsylvania Ave. SE Washington CITY STATE Depository, etc. FIRST VIRGINIA COMMUNITY BANK 11325 RANDOM HILLS DR	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America 201 Pennsylvania Ave. SE Washington CITY STATE Depository, etc. FIRST VIRGINIA COMMUNITY BANK 11325 RANDOM HILLS DR	ZIP CODE

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraising	raiticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected (Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Mailing Address			
		1 1 . 1	1
Dolotionobina	CITY A	STATE ▲	ZIP CODE ▲
Relationship: Connected		oint Fundraising Represent	ative Leadership PAC S
Connected			Leadership PAC S
Connected esignated Agent: Identify	Organization Affiliated Committee		Leadership PAC S
esignated Agent: Identify Full Name	Organization Affiliated Committee		Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee		Leadership PAC S
esignated Agent: Identify Full Name	Organization Affiliated Committee by name, address (phone number – optional		Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	Organization Affiliated Committee by name, address (phone number – optional		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositoriatety deposit boxes or mail	Organization Affiliated Committee by name, address (phone number – optional CITY CITY es: List all banks or other depositories in what ains funds. argo	STATE A Telephone Number	ZIP CODE A
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