REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) ☐ Check if different than previously reported: 119 C St., SE

CITY, STATE and ZIP CODE: Washington DC 20003

2. FEC IDENTIFICATION NUMBER: C00 298000

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

4. TYPE OF REPORT

(a) ☒ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

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

☐ Termination Report

Monthly Report Due On:

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

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period Jan 1 '00 through March 31 '00		
6. (a) Cash on Hand January 1, 19~~xx~~		$ 2802.78
(b) Cash on Hand at Beginning of Reporting Period	$ 2802.78	
(c) Total Receipts (from Line 19)	$ 14732.10	$ 14732.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 17534.88	$ 17,534.88
7. Total Disbursements (from Line 30)	$ 15,723	$ 15,723
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1811.88	$ 1811.88
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$ Ø	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$ Ø	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Timothy Teepell

Signature of Treasurer: [signature]

Date: July 13, 2000

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

FEC FORM 3X
(revised 8/93)

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