

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 / / in the State of

5. Covering Period / / 2018 through / / 2018

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 / / 2018

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)

Page 2

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="2018"/>		<input type="text" value="267031.16"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="115189.16"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="25965.00"/>	<input type="text" value="121079.10"/>
(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="141154.16"/>	<input type="text" value="388110.26"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21660.02"/>	<input type="text" value="268616.12"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="119494.14"/>	<input type="text" value="119494.14"/>
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="0.00"/>	

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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MADISON PROJECT INC.

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2018 To: M M / D D / Y Y Y Y 07 / 31 / 2018

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).....	11489.00	45982.25
(ii) Unitemized	14476.00	75093.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	25965.00	121075.88
(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)	25965.00	121075.88
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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	3.22
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	0.00
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)).....▶	25965.00	121079.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	25965.00	121079.10

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	9350.02	114424.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	9350.02	114424.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1560.00	9590.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
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	0.00
(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	0.00
29. Other Disbursements (Including Non-Federal Donations).....	10750.00	144601.60
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)) ..	21660.02	268616.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21660.02	268616.12

DETAILED SUMMARY PAGE
of Disbursements

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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)	25965.00	121075.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25965.00	121075.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9350.02	114424.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3.22
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9350.02	114421.30

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 34
	(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

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. BATTON, KAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 117
 City MOBEETIE State TX Zip Code 79061
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2018
Transaction ID : SA11AI.391952
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. BUCK, BILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1820 HIDDEN ROCK CT
 City EL CAJON State CA Zip Code 92019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2018
Transaction ID : SA11AI.391902
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. BURT, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8S041 CREEK DR
 City NAPERVILLE State IL Zip Code 60540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) C. T. BURT SALES Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2018
Transaction ID : SA11AI.391872
 Amount of Each Receipt this Period
 250.00
 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: (check only one)	PAGE 7 OF 34
	<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. BUSSA, STEPHEN, L, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15151 FORD RD APT 114

City DEARBORN	State MI	Zip Code 48126
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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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

Transaction ID : SA11AI.391830

Amount of Each Receipt this Period
50.00

Memo Item

B. CLAY, CHARLENE, L, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 172 S AMMONS ST

City LAKEWOOD	State CO	Zip Code 80226
------------------	-------------	-------------------

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 ▼
640.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

Transaction ID : SA11AI.391841

Amount of Each Receipt this Period
500.00

Memo Item

C. CONTI, JESSE, D, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 2301

City COLORADO SPRINGS	State CO	Zip Code 80901
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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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

Transaction ID : SA11AI.391892

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 8 OF 34
	<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. CRUM, JERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3251 MAPLEGROVE AVE
 City LOUISVILLE State OH Zip Code 44641
 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 ▼ 500.00

Date of Receipt 07 / 26 / 2018
Transaction ID : SA11AI.392174
 Amount of Each Receipt this Period 250.00
 Memo Item

B. DEMARCO, ROMANO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2436 NW 28 STREET
 City GAINESVILLE State FL Zip Code 32605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF FLORIDA Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2018
Transaction ID : SA11AI.391731
 Amount of Each Receipt this Period 250.00
 Memo Item

C. FLASTER, ANETTE, S, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 S GARDNER ST
 City LOS ANGELES State CA Zip Code 90036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CENTENELA HOSPITAL Occupation (for Individual) PHARMACIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 26 / 2018
Transaction ID : SA11AI.392095
 Amount of Each Receipt this Period 50.00
 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: (check only one)	PAGE 9 OF 34
<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. FLASTER, ANETTE, S, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 136 S GARDNER ST

City LOS ANGELES	State CA	Zip Code 90036
---------------------	-------------	-------------------

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

Name of Employer (for Individual) CENTENELA HOSPITAL	Occupation (for Individual) PHARMACIST
---------------------------------------------------------	-------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
377.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2018

Transaction ID : SA11AI.392217

Amount of Each Receipt this Period
2.00

Memo Item

B. FLASTER, ANETTE, S, MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 136 S GARDNER ST

City LOS ANGELES	State CA	Zip Code 90036
---------------------	-------------	-------------------

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

Name of Employer (for Individual) CENTENELA HOSPITAL	Occupation (for Individual) PHARMACIST
---------------------------------------------------------	-------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2018

Transaction ID : SA11AI.392094

Amount of Each Receipt this Period
75.00

Memo Item

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

Mailing Address 425 W LESTER AVE

City CLOVIS	State CA	Zip Code 93619
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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 ▼
825.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2018

Transaction ID : SA11AI.391875

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	277.00
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 10 OF 34
	(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. GOODMAN, PAUL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 99 S SERVICE RD APT 402

City NEW HYDE PARK	State NY	Zip Code 11040
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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 ▼
284.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

Transaction ID : SA11AI.392120

Amount of Each Receipt this Period
112.00

Memo Item

B. 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
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

Transaction ID : SA11AI.391748

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 7014 SHAY CT

City HIGHLAND	State CA	Zip Code 92346
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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 ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

Transaction ID : SA11AI.391916

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	212.00
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 34
<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. JACKSON, BRIAN, T., ,
 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 ▼ 350.00

Date of Receipt 07 / 26 / 2018
Transaction ID : SA11AI.392137
 Amount of Each Receipt this Period 35.00
 Memo Item

B. 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 ▼ 2750.00

Date of Receipt 07 / 26 / 2018
Transaction ID : SA11AI.392209
 Amount of Each Receipt this Period 750.00
 Memo Item

C. KERSTE, C, A, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35971 N HIGHWAY 13
 City CRAIG State CO Zip Code 81625
 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 ▼ 280.00

Date of Receipt 07 / 26 / 2018
Transaction ID : SA11AI.391888
 Amount of Each Receipt this Period 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	865.00
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 34
<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. KIEWIT, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 KIMBERLEY DR
 City LAUREL State MS Zip Code 39440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FORESTER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2018
Transaction ID : SA11AI.392144
 Amount of Each Receipt this Period
 2500.00
 Memo Item

B. 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2018
Transaction ID : SA11AI.391909
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. MARSHALL, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 827 SUSAN AVE
 City WOODSTOCK State VA Zip Code 22664
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2018
Transaction ID : SA11AI.391814
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2800.00
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 34
<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. MARX, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 440
 City WAPPINGERS FALLS State NY Zip Code 12590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INSURANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2018
Transaction ID : SA11AI.391870
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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 ▼ 2600.00

Date of Receipt 07 / 26 / 2018
Transaction ID : SA11AI.391919
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. MOLLINO, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 N BAY AVE
 City MASSAPEQUA State NY Zip Code 11758
 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 07 / 16 / 2018
Transaction ID : SA11AI.391833
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2280.00
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 34
	<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. NAUGHTON, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9453 RIDGE BLVD APT 1A
 City BROOKLYN State NY Zip Code 11209
 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 07 / 26 / 2018
Transaction ID : SA11AI.392119
 Amount of Each Receipt this Period 50.00
 Memo Item

B. NIBBE, MARILYN, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7500 YORK AVE S 740
 City EDINA State MN Zip Code 55435
 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 ▼ 325.00

Date of Receipt 07 / 26 / 2018
Transaction ID : SA11AI.391886
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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 ▼ 883.00

Date of Receipt 07 / 26 / 2018
Transaction ID : SA11AI.392086
 Amount of Each Receipt this Period 178.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	328.00
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 34
	<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. PROTHRO, ANN, G, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 COVINGTON ST
 City BOWLING GREEN State KY Zip Code 42103
 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 ▼ 325.00

Date of Receipt 07 / 11 / 2018
Transaction ID : SA11AI.391725
 Amount of Each Receipt this Period 325.00
 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 ▼ 500.00

Date of Receipt 07 / 26 / 2018
Transaction ID : SA11AI.391990
 Amount of Each Receipt this Period 500.00
 Memo Item

C. SCOTT, EVA, , HON.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15830 GOODES BRIDGE RD
 City AMELIA COURT HOUSE State VA Zip Code 23002
 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 ▼ 350.00

Date of Receipt 07 / 16 / 2018
Transaction ID : SA11AI.391760
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	925.00
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 34
<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. SJOLUND, PAUL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4790 BAYCLIFFE RD

City EXCELSIOR	State MN	Zip Code 55331
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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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2018

Transaction ID : SA11AI.391737

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 177 BOUNDARY LN

City OTTERVILLE	State MO	Zip Code 65348
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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 ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2018

Transaction ID : SA11AI.391984

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 1154 HARVEST GLEN DR NW

City CLEVELAND	State TN	Zip Code 37312
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2018

Transaction ID : SA11AI.391848

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 17 OF 34
	(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. SNOWE, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 LENOX AVE
 City POMPTON LAKES State NJ Zip Code 07442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 26 / 2018
Transaction ID : SA11AI.391853
 Amount of Each Receipt this Period 100.00
 Memo Item

B. STAHMANN, KATHRYN, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 N TANGLEWOOD SPUR
 City SEDONA State AZ Zip Code 86351
 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 ▼ 352.00

Date of Receipt 07 / 26 / 2018
Transaction ID : SA11AI.391947
 Amount of Each Receipt this Period 52.00
 Memo Item

C. STRZALKA, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3756 N LEAVITT ST
 City CHICAGO State IL Zip Code 60618
 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 ▼ 350.00

Date of Receipt 07 / 11 / 2018
Transaction ID : SA11AI.391721
 Amount of Each Receipt this Period 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	502.00
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 34
	<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.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. WEIDIG, LARRY, W., ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2018		
Mailing Address 3819 S 18TH ST			Transaction ID : SA11AI.391765		
City SHEBOYGAN	State WI	Zip Code 53081	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WILLIAMS, JOHN, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2018		
Mailing Address 770 SWEETBRIAR RD			Transaction ID : SA11AI.391723		
City MEMPHIS	State TN	Zip Code 38120	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) CONVEYORMAN INC.		Occupation (for Individual) ENGINEER	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. YOUNG, RICHARD, A., ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2018		
Mailing Address 22 WESLEY DR. APT. K			Transaction ID : SA11AI.391757		
City ASHEVILLE	State NC	Zip Code 28803	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED	Aggregate Year-to-Date ▼ 550.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 34
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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
ZELLMER, ARTHUR, , ,

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2018

Transaction ID : SA11AI.391881

Amount of Each Receipt this Period
100.00

Memo Item

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
MM / DD / YYYY

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	11489.00

**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. ALLEGIANCE DIRECT LLC		Date of Disbursement MM / DD / YYYY 07 / 03 / 2018
Mailing Address 115 N KING ST STE 205		FEC Identification Number C [REDACTED] Transaction ID : SB21B.39170 Amount of Each Disbursement this Period 500.00
City LEESBURG	State VA	Zip Code 20176
Purpose of Disbursement PAC DIRECT MAIL PRODUCTION		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. AMBASSADOR ACCOUNTS INC.		Date of Disbursement MM / DD / YYYY 07 / 27 / 2018
Mailing Address 7521 PRESIDENTIAL LANE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.39231: Amount of Each Disbursement this Period 62.50
City MANASSAS	State VA	Zip Code 20109
Purpose of Disbursement PAC ACCOUNTING SERVICES		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. ANEDOT		Date of Disbursement MM / DD / YYYY 07 / 29 / 2018
Mailing Address THIRD STREET, SUITE 2B		FEC Identification Number C [REDACTED] Transaction ID : SB21B.3917: Amount of Each Disbursement this Period 137.39
City BATON ROUGE	State LA	Zip Code 70801
Purpose of Disbursement PAC CC TRANSACTION FEES		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:		

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

699.89

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. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 07 / 02 / 2018	
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.39171 Amount of Each Disbursement this Period 12.00	
City CHARLOTTE	State NC	Zip Code 28202	Category/ Type 001
Purpose of Disbursement PAC BANK FEES		Candidate Name	
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 07 / 02 / 2018	
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.39171 Amount of Each Disbursement this Period 12.00	
City CHARLOTTE	State NC	Zip Code 28202	Category/ Type 001
Purpose of Disbursement PAC BANK FEES		Candidate Name	
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 07 / 09 / 2018	
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.39171 Amount of Each Disbursement this Period 36.00	
City CHARLOTTE	State NC	Zip Code 28202	Category/ Type 001
Purpose of Disbursement PAC BANK FEES		Candidate Name	
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:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	60.00
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 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. DOUGLAS, KATHY, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 901 MCCLENDON WALKER ROAD

City ALEDO State TX Zip Code 76008

Purpose of Disbursement PAC ACCOUNTING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2018

FEC Identification Number: C

Transaction ID : SB21B.39171

Amount of Each Disbursement this Period: 375.00

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: 07 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B.39170

Amount of Each Disbursement this Period: 300.00

Memo Item

C. MAILCHIMP

Full Name (Last, First, Middle Initial)

Mailing Address 512 MEANS ST NW STE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement PAC E-MARKETING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB21B.39173

Amount of Each Disbursement this Period: 207.87

Memo Item

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

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

882.87

**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 DEVELOPMENT

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.39179
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. RYUN, JIM, , ,

Mailing Address 132 D ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC STRATEGY CONSULTING

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.39170
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SARATOGA STRATEGIES LLC

Mailing Address 1550 OLD ANNETTA ROAD

City ALEDO State TX Zip Code 76008

Purpose of Disbursement
PAC STRATEGY CONSULTING

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.39171
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. 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: 07 / 06 / 2018

FEC Identification Number: C

Transaction ID : SB21B.39171

Amount of Each Disbursement this Period: 2000.00

Memo Item

B. THE GOBER GROUP

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: 07 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B.39170

Amount of Each Disbursement this Period: 500.00

Memo Item

C. THE RICHARD NORMAN COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 113 EAST MARKET ST. STE. 300

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement PAC DIRECT MAIL PRODUCTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 24 / 2018

FEC Identification Number: C

Transaction ID : SB21B.39183

Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

3500.00

**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.

A. VENDYNAMICS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1295

City HOLLISTER State CA Zip Code 95024

Purpose of Disbursement PAC PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B.39170

Amount of Each Disbursement this Period: 129.50

Memo Item

B.

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: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

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: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	129.50
TOTAL This Period (last page this line number only).....▶	9336.22

**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. CHIP ROY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 6705 W HWY 290

City AUSTIN State TX Zip Code 78735

Purpose of Disbursement CONTRIBUTION

Candidate Name ROY, CHIP, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: TX District: 21

Date of Disbursement: 07 / 02 / 2018

FEC Identification Number: C00662767
Transaction ID : SB23.391735
Amount of Each Disbursement this Period: 500.00

Memo Item

B. CHIP ROY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 6705 W HWY 290

City AUSTIN State TX Zip Code 78735

Purpose of Disbursement TRANSMITTAL OF EARMARKS

Candidate Name ROY, CHIP, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: TX District: 21

Date of Disbursement: 07 / 02 / 2018

FEC Identification Number: C00662767
Transaction ID : SB23.391690
Amount of Each Disbursement this Period: 10.00

Memo Item

C. CHIP ROY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 6705 W HWY 290

City AUSTIN State TX Zip Code 78735

Purpose of Disbursement EARMARKED BY TERESA WASSON ID# 8067

Candidate Name ROY, CHIP, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: TX District: 21

Date of Disbursement: 06 / 22 / 2018

FEC Identification Number: C00662767
Transaction ID : SB23.391691
Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 510.00

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 ANDY COLEMAN

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 361

M M M	/	D D D	/	Y Y Y Y Y
07		02		2018

City OWASSO State OK Zip Code 74055

FEC Identification Number

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001
Category/ Type

C C00630954

Transaction ID : SB23.391692

Amount of Each Disbursement this Period

10.00

Candidate Name
COLEMAN, ANDY, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

Memo Item

State: OK District: 01

B. FRIENDS OF ANDY COLEMAN

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 361

M M M	/	D D D	/	Y Y Y Y Y
06		22		2018

City OWASSO State OK Zip Code 74055

FEC Identification Number

Purpose of Disbursement
EARMARKED BY TERESA WASSON ID# 8067

001
Category/ Type

C C00630954

Transaction ID : SB23.391693

Amount of Each Disbursement this Period

10.00

Candidate Name
COLEMAN, ANDY, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

Memo Item

State: OK District: 01

C. FRIENDS OF CHRIS MCDANIEL

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 491

M M M	/	D D D	/	Y Y Y Y Y
07		02		2018

City LAUREL State MS Zip Code 39441

FEC Identification Number

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001
Category/ Type

C C00673285

Transaction ID : SB23.391694

Amount of Each Disbursement this Period

10.00

Candidate Name
MCDANIEL, CHRISTOPHER, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

Memo Item

State: MS District: 00

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

20.00

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. FRIENDS OF CHRIS MCDANIEL

Mailing Address PO BOX 491

City LAUREL State MS Zip Code 39441

Purpose of Disbursement
EARMARKED BY TERESA WASSON ID# 8067

Candidate Name
MCDANIEL, CHRISTOPHER, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MS District: 00

Date of Disbursement: MM / DD / YYYY
06 / 22 / 2018

FEC Identification Number
C00673285
Transaction ID : SB23.391695
Amount of Each Disbursement this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)
B. FRIENDS OF CHRIS MCDANIEL

Mailing Address PO BOX 491

City LAUREL State MS Zip Code 39441

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MCDANIEL, CHRISTOPHER, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MS District: 00

Date of Disbursement: MM / DD / YYYY
07 / 02 / 2018

FEC Identification Number
C00673285
Transaction ID : SB23.391736
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. JACKSON FOR CONGRESS

Mailing Address PO BOX 31

City OOLOGAH State OK Zip Code 75043

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

Candidate Name
JACKSON, JARRIN, DALE, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: OK District: 02

Date of Disbursement: MM / DD / YYYY
07 / 02 / 2018

FEC Identification Number
C00592956
Transaction ID : SB23.391696
Amount of Each Disbursement this Period
10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 510.00

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. NICHOLSON FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 454

City HARTLAND State WI Zip Code 53029

Purpose of Disbursement TRANSMITTAL OF EARMARKS

Candidate Name NICHOLSON, KEVIN, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: WI District: 00

Date of Disbursement: 07 / 02 / 2018

FEC Identification Number: C00652131
Transaction ID : SB23.391698
Amount of Each Disbursement this Period: 10.00

Memo Item

B. NICHOLSON FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 454

City HARTLAND State WI Zip Code 53029

Purpose of Disbursement EARMARKED BY TERESA WASSON ID# 8067

Candidate Name NICHOLSON, KEVIN, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: WI District: 00

Date of Disbursement: 06 / 22 / 2018

FEC Identification Number: C00652131
Transaction ID : SB23.391699
Amount of Each Disbursement this Period: 10.00

Memo Item

C. NICHOLSON FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 454

City HARTLAND State WI Zip Code 53029

Purpose of Disbursement CONTRIBUTION

Candidate Name NICHOLSON, KEVIN, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: WI District: 00

Date of Disbursement: 07 / 02 / 2018

FEC Identification Number: C00652131
Transaction ID : SB23.391802
Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	510.00
TOTAL This Period (last page this line number only).....▶	1560.00

**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. ALLEGIANCE DIRECT LLC		Date of Disbursement MM / DD / YYYY 07 / 03 / 2018
Mailing Address 115 N KING ST STE 205		FEC Identification Number C [REDACTED] Transaction ID : SB29.391705 Amount of Each Disbursement this Period [REDACTED] 500.00
City LEESBURG	State VA	Zip Code 20176
Purpose of Disbursement PAC DIRECT MAIL PRODUCTION (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. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 07 / 25 / 2018
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] Transaction ID : SB29.392249 Amount of Each Disbursement this Period [REDACTED] 30.00
City CHARLOTTE	State NC	Zip Code 28202
Purpose of Disbursement PAC BANK FEES (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. DOUGLAS, KATHY, , ,		Date of Disbursement MM / DD / YYYY 07 / 06 / 2018
Mailing Address 901 MCCLENDON WALKER ROAD		FEC Identification Number C [REDACTED] Transaction ID : SB29.391713 Amount of Each Disbursement this Period [REDACTED] 375.00
City ALEDO	State TX	Zip Code 76008
Purpose of Disbursement PAC ACCOUNTING SERVICES (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).....▶	[REDACTED] 905.00
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 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. ELECTEK

Mailing Address PO BOX 23715

City CHAGRIN FALLS State OH Zip Code 44023

Purpose of Disbursement
PAC SOFTWARE (NON-CONTRIBUTION ACCOUNT)

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
07 / 03 / 2018

FEC Identification Number

Transaction ID : **SB29.391703**
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. RYUN, JIM, , ,

Mailing Address 132 D ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC STRATEGY CONSULTING (NON-CONTRIBUTION ACCOUNT)

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
07 / 06 / 2018

FEC Identification Number

Transaction ID : **SB29.391710**
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SARATOGA STRATEGIES LLC

Mailing Address 1550 OLD ANNETTA ROAD

City ALEDO State TX Zip Code 76008

Purpose of Disbursement
PAC STRATEGY CONSULTING (NON-CONTRIBUTION ACCOUNT)

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
07 / 09 / 2018

FEC Identification Number

Transaction ID : **SB29.391716**
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 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. SCHWYZER, HUGO, , ,		Date of Disbursement MM / DD / YYYY 07 / 19 / 2018
Mailing Address 8950 WEST OLYMPIC BLVD #482		FEC Identification Number C Transaction ID : SB29.391798 Amount of Each Disbursement this Period 45.00
City BEVERLY HILLS	State CA	
Zip Code 90211		Memo Item <input type="checkbox"/>
Purpose of Disbursement PAC DATA WORK (NON-CONTRIBUTION ACCOUNT)		
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. SHAFER, KRISTOFFER, L., ,		Date of Disbursement MM / DD / YYYY 07 / 06 / 2018
Mailing Address 2420 VIA BOLOGNA APT. 2428		FEC Identification Number C Transaction ID : SB29.391712 Amount of Each Disbursement this Period 2000.00
City FORT WORTH	State TX	
Zip Code 76109		Memo Item <input type="checkbox"/>
Purpose of Disbursement PAC STRATEGY CONSULTING (NON-CONTRIBUTION ACCOUNT)		
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. THE GOBER GROUP		Date of Disbursement MM / DD / YYYY 07 / 03 / 2018
Mailing Address 2101 CEDAR SPRINGS RD STE 1050 SUITE 1050		FEC Identification Number C Transaction ID : SB29.391707 Amount of Each Disbursement this Period 500.00
City DALLAS	State TX	
Zip Code 75201		Memo Item <input type="checkbox"/>
Purpose of Disbursement PAC DIRECT MAIL PRODUCTION (NON-CONTRIBUTION ACCOUNT)		
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:	Category/Type 001	

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

2545.00

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

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. THE RICHARD NORMAN COMPANY		Date of Disbursement MM / DD / YYYY 07 / 24 / 2018
Mailing Address 113 EAST MARKET ST. STE. 300		FEC Identification Number C [] Transaction ID : SB29.391835
City LEESBURG	State VA	Zip Code 20176
Purpose of Disbursement PAC DIRECT MAIL PRODUCTION (NON-CONTRIBUTION ACCOUNT)		Amount of Each Disbursement this Period 3000.00
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C []
City		State
Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		<input type="checkbox"/> Memo Item
Candidate Name		
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:	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C []
City		State
Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		<input type="checkbox"/> Memo Item
Candidate Name		
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	10750.00