

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 56
	(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. Mary McCoy**  
Full Name (Last, First, Middle Initial)

Mailing Address 2020 Meadowlark Rd

City Manhattan State KS Zip Code 66502-4559

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2013  
**Transaction ID : 30515.C70584**

Amount of Each Receipt this Period  
1000.00

Receipt

**B. Lorie Michaels**  
Full Name (Last, First, Middle Initial)

Mailing Address 2060 Pinto Dr

City Wayzata State MN Zip Code 55391

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

Name of Employer Information Requested Occupation Information Requested

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  
 04 / 29 / 2013  
**Transaction ID : 30515.C70863**

Amount of Each Receipt this Period  
500.00

Receipt

**C. Sharon Middleton**  
Full Name (Last, First, Middle Initial)

Mailing Address 15062 Brown Post Ln

City Centreville State VA Zip Code 20121

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

Name of Employer Information Requested Occupation Information Requested

Manassas Pediatrics RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2013  
**Transaction ID : 30515.C70665**

Amount of Each Receipt this Period  
500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	