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Image# 201601289004663596

## **FEC** FORM 3X

# REPORT OF RECEIPTS **AND DISBURSEMENTS**

	For Other Than An Aut	norizea Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
MADISON PAC			
<u> </u>			
ADDRESS (number and street)	3432 N GEORGE MASON I	DRIVE	
Check if different			
than previously reported. (ACC)	ARLINGTON		VA 22208 – – – – – – – – – – – – – – – – – – –
2. FEC IDENTIFICATION N	UMBER ▼ CIT	<b>-</b> Y ▲	STATE ▲ ZIP CODE ▲
C C00532515		S THIS X NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Report (0	01)	20 (M4) Jul 20 (M7	
July 15 Quarterly Report (0	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
X January 31 Year-End Report (	Fleekie	on on	in the State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	on on	in the State of
5. Covering Period 07		through 12	31 2015
I certify that I have examined the	nis Report and to the best of	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	er Elizabeth McIntosh		
Signature of Treasurer Eliza	abeth McIntosh	[Electronically Filed]	Date 01 / 28 / 2016
NOTE: Submission of false, erron	neous, or incomplete information	n may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **MADISON PAC** 2015 2015 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 5741.11 January 1, 2015 (b) Cash on Hand at 5741.11 Beginning of Reporting Period..... 0.00 0.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 5741.11 5741.11 6(a) and 6(c) for Column B)..... 5741.11 5741.11 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 0.00 0.00 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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. 06/2004)

Write or Type Committee Name

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I. Descript	COLUMN A	COLUMN B
I. Receipts	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)	0.00	0.00
		0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add	2.22	0.00
Lines 11(a)(i) and (ii)▶	0.00	0.00
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	0.00	0.00
Totals to Line 33, page 5)	0.00	0.00
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		7
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	7	7
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(	7	
(h) Lovin Fundo (from Cobodulo IIE)	0.00	0.00
(b) Levin Funds (from Schedule H5)	3.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transiers (add To(a) and To(b))	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	0.00
Table 1 at Bookin		
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	0.00	0.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures:  (a) Allocated Federal/Non-Federal	Total Tille I Gliou	Calcilual Teal-10-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) N. 5 1 101	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
(b) Other Federal Operating  Expenditures	1080.00	1080.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	1080.00	1080.00
Transfers to Affiliated/Other Party		
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	4661.11	4661.11
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	3.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
-		
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To:	7 7	
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
01 51		0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(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	2.22	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5741.11	5741.11
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	5744.44	E744 44
from Line 31)	5741.11	5741.11

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00	
6. Total Federal Operating Expenditures  (add Line 21(a)(i) and Line 21(b))▶	1080.00	1080.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1080.00	1080.00	

Mailing Address 912 Saint Michael Drive  City State Zip Code Gambrills MD 21054  Purpose of Disbursement Consultant: Compliance  Candidate Name  City State Zip Code  Category/ Type  Office Sought: House Primary General Primary General Primary General Purpose of Disbursement  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Primary General Primary General Primary General Other (specify) ▼  Amount of Each Disbursement  Amount of Each Disbursement  Category/ Type  Office Sought: House Disbursement For: Gategory/ Type  Office Sought: House Disbursement For: Gategory/ Type  Office Sought: District: District: District: District: Amount of Each Disbursement this Gategory/ Type  Amount of Each Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Category/ Type  Amount of Each Disbursement  Amount of Each Disbursement this Category/ Type	FOR LINE NUMBER: PAGE 6 OF 7			
n/AME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  MADISON PAC  Full Name (Last, First, Middle Initial)  A. Political Compliance Services Inc  Mailing Address 912 Saint Michael Drive  City State Zip Code Gambrills MD 21054  Purpose of Disbursement  Consultant: Compliance  Candidate Name  District:  Purpose of Disbursement  Category/ Type  Office Sought: District:  Mailing Address  City State Zip Code  Primary General Other (specify) ▼  Mailing Address  City State Zip Code  Primary General Other (specify) ▼  Amount of Each Disbursement  Category/ Type  Office Sought: Amount of Each Disbursement  Category/ Type  Office Sought: Date of Disbursement  Category/ Type  Office Sought: Date of Disbursement  Category/ Type  Office Sought: Amount of Each Disbursement  Category/ Type  Office Sought: District: Primary General Other (specify) ▼  Amount of Each Disbursement this  Category/ Type  Office Sought: District: Primary General Other (specify) ▼  Amount of Each Disbursement  Category/ Type  Office Sought: District: Primary General Other (specify) ▼  Amount of Each Disbursement  Category/ Type  Amount of Each Disbursement this  Category/ Type  Amount of Each Disbursement this				
NAME OF COMMITTEE (in Full)  MADISON PAC  Full Name (Last, First, Middle Initial)  A. Political Compliance Services Inc  Mailing Address 912 Saint Michael Drive  City  State Zip Code Gambrills  Purpose of Disbursement  Condidate Name  Category/  Office Sought: House President  State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City  State Zip Code  Primary General  Other (specify) ▼  Date of Disbursement this  Category/ Type  Disbursement For:  Category/ Type  Office Sought: House Disbursement For:  Candidate Name  City  State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For:  Senate Primary General Disbursement  Candidate Name  Category/ Type  Office Sought: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  State Zip Code  Purpose of Disbursement  Category/ Type  Amount of Each Disbursement this				
A. Political Compliance Services Inc  Mailing Address 912 Saint Michael Drive  City State Zip Code Gambrills MD 21054  Purpose of Disbursement Consultant: Compliance  Candidate Name  Category' Type  Office Sought: House Primary General President State: District:  Bull Name (Last, First, Middle Initial)  B. Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House President Primary General Primary Pri	intee.			
Mailing Address 912 Saint Michael Drive  City State Zip Code Gambrills  Purpose of Disbursement Consultant: Compliance  Candidate Name  City State Zip Code Primary General President State: District:  Full Name (Last, First, Middle Initial)  Category' Type  City State Zip Code  Purpose of Disbursement Candidate Name  Category' Type  Category' Type  Amount of Each Disbursement this  Category' Type  Amount of Each Disbursement this  Category' Type  Category' Type  Category' Type  Category' Type  Amount of Each Disbursement this  Category' Type  Category' Type  Amount of Each Disbursement  Category' Type  Amount of Each Disbursement  Category' Type  Amount of Each Disbursement  Category' Type  Amount of Each Disbursement this  Category' Type				
City State Zip Code Gambrills MD 21054  Purpose of Disbursement Consultant: Compliance  Candidate Name  Category/ Type  Transaction ID: 1024  Amount of Each Disbursement this  Category/ Type  Total Name (Last, First, Middle Initial)  State: District:  Candidate Name  Category/ Type  Office Sought: House Primary General Other (specify) ▼  State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Primary General Other (specify) ▼  Category/ Type  Office Sought: House Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Amount of Each Disbursement this  Category/ Type  Amount of Each Disbursement  Category/ Type  Amount of Each Disbursement  Amount of Each Disbursement this  Category/ Type  Amount of Each Disbursement this	Y			
Gambrills Purpose of Disbursement Consultant: Compliance  Candidate Name  Category/ Type  Office Sought: House Primary General President State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement Candidate Name  Office Sought: House Primary General Category/ Type  Date of Disbursement  Category/ Type  Amount of Each Disbursement  Amount of Each Disbursement this  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Category/ Type  Amount of Each Disbursement this  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Amount of Each Disbursement this				
Consultant: Compliance Candidate Name  Category/ Type  Office Sought: House Senate Prisident State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Amount of Each Disbursement this  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Category/ Type  Date of Disbursement this  Category/ Type  Amount of Each Disbursement this				
Office Sought:	s Period			
Senate President District:  B. Full Name (Last, First, Middle Initial)  B. City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Primary General Disbursement For: Senate Primary General Other (specify) ▼  State: District:  C. City State Zip Code  Purpose of Disbursement For: General Other (specify) ▼  Amount of Each Disbursement this Category/ Type  Date of Disbursement this Category/ Type  Amount of Each Disbursement this Category/ Type  Amount of Each Disbursement this Category/ Type  Amount of Each Disbursement this Category/ Type	50.00			
B. Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General President State: District:  Full Name (Last, First, Middle Initial)  C. Full Name (Last, First, Middle Initial)  C. Mailing Address  City State Zip Code  Purpose of Disbursement  Amount of Each Disbursement this Category/ Type  Amount of Each Disbursement this Category/  Category/  Category/  Category/  Category/  Category/  Category/  Category/  Type  Amount of Each Disbursement this Category/  Category/  Type				
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Amount of Each Disbursement this  Category/ Type  Amount of Each Disbursement this  Category/ Type  Amount of Each Disbursement this				
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Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Amount of Each Disbursement this  Category/ Type  Amount of Each Disbursement this  Category/ Type  Amount of Each Disbursement this	Y			
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Amount of Each Disbursement this  Category/ Type  Amount of Each Disbursement this  Category/ Type  Amount of Each Disbursement this  Category/ Type  Amount of Each Disbursement this				
Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Category/ Type  Amount of Each Disbursement this	s Period			
Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Disbursement For:  Other (specify) ▼  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Full Name (Last, First, Middle Initial)  Date of Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type				
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type				
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement this				
Purpose of Disbursement  Candidate Name  Category/ Type				
Candidate Name  Category/ Type  Amount of Each Disbursement this				
Candidate Name  Category/ Type				
1,700	s Period			
Office Sought:    House				
SUBTOTAL of Disbursements This Page (optional)	50.00			
GODITOTAL OF DISDUISCITIONS THIS Fage (optional)	50.00			

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)  MADISON PAC	nents may not be sold or used e and address of any political	by any perso committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A. CLUB FOR GROWTH ACTION  Mailing Address 2001 L STREET NW  SUITE 600			Date of Disbursement  M M / D D / Y Y Y Y Y  09 29 2015
,	State Zip Code DC 20036		Transaction ID : 1025
Political Contribution  Candidate Name		Category/ Type	Amount of Each Disbursement this Period 4661.11
	nent For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  B.  Mailing Address			Date of Disbursement
	State Zip Code		
Purpose of Disbursement  Candidate Name		Category/	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			
City S Purpose of Disbursement	State Zip Code		
Candidate Name	[	Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			4661.11
TOTAL This Period (last page this line number only).			4661.11