

# 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 Action Fund

ADDRESS (number and street) PO Box 251

Check if different than previously reported. (ACC) Aledo TX 76008

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

C C00524520

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:
- |                                      |   |                                       |   |
|--------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5)            | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11)<br>(Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6)            | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12)<br>(Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input checked="" type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                              |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day **POST-Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2014 through M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2014

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 Paul Kilgore

Signature of Treasurer Paul Kilgore *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014

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

Office Use Only										
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Madison Action Fund**

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="2014"/>	<input type="text" value="10615.10"/>	<input type="text" value="10615.10"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="58885.10"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="72289.91"/>	<input type="text" value="237739.91"/>
(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="131175.01"/>	<input type="text" value="248355.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="87301.48"/>	<input type="text" value="204481.48"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="43873.53"/>	<input type="text" value="43873.53"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

**Madison Action Fund**

Report Covering the Period: From:  /  /  To:  /  /

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).....	56660.00	212862.00
(ii) Unitemized .....	15629.91	24877.91
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	72289.91	237739.91
(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) .....	72289.91	237739.91
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	0.00
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))..... ▶	72289.91	237739.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	72289.91	237739.91

**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 .....	53304.72	66549.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	53304.72	66549.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	33996.76	137931.76
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	87301.48	204481.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87301.48	204481.48

**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
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	72289.91	237739.91
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	72289.91	237739.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	53304.72	66549.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	53304.72	66549.72

**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 6 OF 27
<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

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 Action Fund**

**A. Joan Allison**  
Full Name (Last, First, Middle Initial)

Mailing Address 927 W Sharon Rd

City Santa Ana State CA Zip Code 92706

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

Name of Employer Occupation Information Requested

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  
 06 / 02 / 2014

**Transaction ID : SA11AI.4717**

Amount of Each Receipt this Period  
 240.00

**B. Josephus Balgooy**  
Full Name (Last, First, Middle Initial)

Mailing Address 884 W Cumberland St

City Upland State CA Zip Code 91786

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

Name of Employer Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : SA11AI.4977**

Amount of Each Receipt this Period  
 300.00

**C. Charles Blackwell**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2149

City Claypool State AZ Zip Code 85532

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

Name of Employer Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : SA11AI.4755**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	840.00
<b>TOTAL</b> 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 27
	<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 Action Fund**

Full Name (Last, First, Middle Initial) <b>A. Gregory Blank</b>		Date of Receipt
Mailing Address 20368 N 93rd Pl		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
Scottsdale	AZ	85255
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5054</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Information Requested	Information Requested	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Wauldine Borden</b>		Date of Receipt
Mailing Address 514 Lexington Rd		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Sapulpa	OK	74066
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.4761</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Information Requested	Information Requested	<input type="text" value="340.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="340.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Louis Brown</b>		Date of Receipt
Mailing Address 401 Colbert Ave		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
Pensacola	FL	32507
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.4981</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Information Requested	Information Requested	<input type="text" value="400.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="990.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 27
<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 Action Fund**

Full Name (Last, First, Middle Initial)  
**A. Lawrence Cate**

Mailing Address 827 Huerta Verde Rd

City Glendora	State CA	Zip Code 91741
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FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2014

**Transaction ID : SA11AI.4959**

Amount of Each Receipt this Period  
230.00

Full Name (Last, First, Middle Initial)  
**B. Richard Cox**

Mailing Address 1951 Kakela Dr

City Honolulu	State HI	Zip Code 96822
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FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2014

**Transaction ID : SA11AI.4739**

Amount of Each Receipt this Period  
1200.00

Full Name (Last, First, Middle Initial)  
**C. Timothy Devanney**

Mailing Address 70 Porter St

City Manchester	State CT	Zip Code 06040
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FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2014

**Transaction ID : SA11AI.5078**

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1780.00
<b>TOTAL</b> 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 27
	<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 Action Fund**

Full Name (Last, First, Middle Initial)  
**A. Margaret Fleenor**

Mailing Address 3517 Lenox Rd

City Birmingham State AL Zip Code 35213

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

Name of Employer Occupation Information Requested

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  
 06 / 03 / 2014  
**Transaction ID : SA11AI.4789**

Amount of Each Receipt this Period  
450.00

Full Name (Last, First, Middle Initial)  
**B. John Galbraith**

Mailing Address 1180 Pond Side Dr

City Colorado Springs State CO Zip Code 80911

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

Name of Employer Occupation 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  
 06 / 03 / 2014  
**Transaction ID : SA11AI.4777**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Jo Ann Greb**

Mailing Address 8861 W Wilson Bay Dr

City Hayward State WI Zip Code 54843

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

Name of Employer Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2014  
**Transaction ID : SA11AI.4779**

Amount of Each Receipt this Period  
4000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4700.00
<b>TOTAL</b> 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 10 OF 27
	<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 Action Fund**

**A. J Hamilton**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Blossom Hill Rd Unit E324

City Los Gatos	State CA	Zip Code 95032
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FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

**Transaction ID : SA11AI.4967**

Amount of Each Receipt this Period  
2000.00

**B. Frank Harris**  
Full Name (Last, First, Middle Initial)

Mailing Address 7425 Pelican Bay Blvd Apt 2104

City Naples	State FL	Zip Code 34108
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FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
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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
06	/	13	/	2014

**Transaction ID : SA11AI.5022**

Amount of Each Receipt this Period  
250.00

**C. Kyle Hunt**  
Full Name (Last, First, Middle Initial)

Mailing Address 971 Lakeland Dr

City Jackson	State MS	Zip Code 39216
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Physician
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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
06	/	20	/	2014

**Transaction ID : SA11AI.4699**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> 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 27
	<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 Action Fund**

**A. Cary Katz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9021 Grove Crest Ln  
City Las Vegas State NV Zip Code 89134  
FEC ID number of contributing federal political committee. **C**  
Name of Employer College Loan Corporation Occupation CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **105000.00**

Date of Receipt **06 / 12 / 2014**  
**Transaction ID : SA11AI.5100**  
Amount of Each Receipt this Period **10000.00**

**B. Bruce Lampe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18 Winchester Rd  
City Ormond Beach State FL Zip Code 32174  
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 **400.00**

Date of Receipt **06 / 12 / 2014**  
**Transaction ID : SA11AI.5002**  
Amount of Each Receipt this Period **400.00**

**C. Kenneth Lang**  
Full Name (Last, First, Middle Initial)  
Mailing Address 163 Challenger  
City Kyle State TX Zip Code 78640  
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 **225.00**

Date of Receipt **06 / 03 / 2014**  
**Transaction ID : SA11AI.4801**  
Amount of Each Receipt this Period **225.00**

**SUBTOTAL** of Receipts This Page (optional)..... **10625.00**  
**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 27
	<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 Action Fund**

**A. Glen Lathrop**  
Full Name (Last, First, Middle Initial)

Mailing Address RR 1 Box 835

City State Zip Code  
Webbers Falls OK 74470

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
895.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 02 / 2014

**Transaction ID : SA11AI.4725**

Amount of Each Receipt this Period  
895.00

**B. John McMahon**  
Full Name (Last, First, Middle Initial)

Mailing Address 23801 S Highway 79

City State Zip Code  
Hermosa SD 57744

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 16 / 2014

**Transaction ID : SA11AI.5038**

Amount of Each Receipt this Period  
280.00

**C. Frank Munson**  
Full Name (Last, First, Middle Initial)

Mailing Address 65 Rowayton Ave Apt 1

City State Zip Code  
Norwalk CT 06853

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2014

**Transaction ID : SA11AI.5084**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1475.00

**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 27
	<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 Action Fund**

Full Name (Last, First, Middle Initial) <b>A. Peter Neves</b>		Date of Receipt
Mailing Address 23820 Gyle Rd		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Gerber	CA	96035
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : <b>SA11AI.4727</b>
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="370.00"/>	<input type="text" value="370.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jordon Perlmutter</b>		Date of Receipt
Mailing Address PO Box 480070		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Denver	CO	80248
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : <b>SA11AI.4763</b>
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	<input type="text" value="225.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. James Powell</b>		Date of Receipt
Mailing Address 1311 S Madison St		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
San Angelo	TX	76901
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : <b>SA11AI.4969</b>
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	<input type="text" value="600.00"/>
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1195.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 27
	<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 Action Fund**

**A. Donald Reinhard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 75 Harvard Ave  
 City Palmerton State PA Zip Code 18071  
 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 ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2014  
**Transaction ID : SA11AI.4973**  
 Amount of Each Receipt this Period  
 480.00

**B. Monte Richardson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Highbridge Xing Apt 3301  
 City Asheville State NC Zip Code 28803  
 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  
 06 / 03 / 2014  
**Transaction ID : SA11AI.4849**  
 Amount of Each Receipt this Period  
 500.00

**C. Mike Rydin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5500 Holly Street  
 City Houston State TX Zip Code 77081  
 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 ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2014  
**Transaction ID : SA11AI.4697**  
 Amount of Each Receipt this Period  
 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2980.00
<b>TOTAL</b> 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 27
	<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 Action Fund**

**A. Fredric Schluter**  
Full Name (Last, First, Middle Initial)

Mailing Address 2433 Golfside Dr

City Naples State FL Zip Code 34110

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 ▼  
300.00

Date of Receipt  
06 / 16 / 2014  
Transaction ID : SA11AI.5040

Amount of Each Receipt this Period  
300.00

**B. Danny Sharr**  
Full Name (Last, First, Middle Initial)

Mailing Address 28506 Borgona

City Mission Viejo State CA Zip Code 92692

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 ▼  
300.00

Date of Receipt  
06 / 25 / 2014  
Transaction ID : SA11AI.5058

Amount of Each Receipt this Period  
300.00

**C. Sherry Simpson**  
Full Name (Last, First, Middle Initial)

Mailing Address 4328 Tryon Rd

City Longview State TX Zip Code 75605

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  
06 / 03 / 2014  
Transaction ID : SA11AI.4859

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00

**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 16 OF 27
	(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 Action Fund**

Full Name (Last, First, Middle Initial) <b>A. Richard Skidmore</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 03 / 2014 <b>Transaction ID : SA11AI.4773</b>
Mailing Address 6328 N Raceway Rd		Amount of Each Receipt this Period 1255.00
City Indianapolis	State IN	Zip Code 46234
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Information Requested	Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1255.00	

Full Name (Last, First, Middle Initial) <b>B. Samuel Stapleton</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 11 / 2014 <b>Transaction ID : SA11AI.4979</b>
Mailing Address 1473 Independence Ave		Amount of Each Receipt this Period 630.00
City Melbourne	State FL	Zip Code 32940
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Information Requested	Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

Full Name (Last, First, Middle Initial) <b>C. Roland St Louis</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 09 / 2014 <b>Transaction ID : SA11AI.5080</b>
Mailing Address 15 Griswold Ave		Amount of Each Receipt this Period 300.00
City Groton	State CT	Zip Code 06340
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Information Requested	Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2185.00
<b>TOTAL</b> 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 27  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Madison Action Fund**

Full Name (Last, First, Middle Initial)  
**A. Richard Uihlein**

Mailing Address 1396 N. Waukegan road

City State Zip Code  
Lake Forest IL 60045

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

Name of Employer Occupation  
Uline Corporation Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
75000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2014  
**Transaction ID : SA11AI.4696**

Amount of Each Receipt this Period  
25000.00

Full Name (Last, First, Middle Initial)  
**B. Bernard Van Dinter**

Mailing Address 8081 Fielding Ln

City State Zip Code  
Greendale WI 53129

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

Name of Employer Occupation  
Information Requested 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  
 06 / 11 / 2014  
**Transaction ID : SA11AI.4975**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Ken Williams**

Mailing Address PO Box 189

City State Zip Code  
Grapevine TX 76099

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

Name of Employer Occupation  
Information Requested 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  
 06 / 05 / 2014  
**Transaction ID : SA11AI.4901**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 25750.00

**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 27
	<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 Action Fund**

Full Name (Last, First, Middle Initial) <b>A. George Yoder</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014 <b>Transaction ID : SA11AI.4831</b>
Mailing Address 15702 Blackburn St		Amount of Each Receipt this Period 260.00
City Accokeek	State MD	Zip Code 20607
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Arthur Zellmer</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014 <b>Transaction ID : SA11AI.4749</b>
Mailing Address PO Box 325		Amount of Each Receipt this Period 280.00
City Davenport	State WA	Zip Code 99122
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	540.00
<b>TOTAL</b> This Period (last page this line number only).....▶	56660.00

# 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"/> 24	<input type="checkbox"/> 25	<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 Action Fund**

Full Name (Last, First, Middle Initial)

### A. Bank of America

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622

Purpose of Disbursement  
PAC Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

Transaction ID : SB21B.4668

Amount of Each Disbursement this Period

15.00

### B. Bank of America

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622

Purpose of Disbursement  
PAC Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

Transaction ID : SB21B.4669

Amount of Each Disbursement this Period

15.00

### C. Bank of America

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622

Purpose of Disbursement  
PAC Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2014

Transaction ID : SB21B.4670

Amount of Each Disbursement this Period

25.00

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

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

55.00

**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"/> 24	<input type="checkbox"/> 25	<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 Action Fund**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622

Purpose of Disbursement  
PAC Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2014

**Transaction ID : SB21B.4671**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. C3 Strategies**

Mailing Address 1108 Lavaca St, #110-329

City Austin State TX Zip Code 78701

Purpose of Disbursement  
PAC GOTV Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2014

**Transaction ID : SB21B.5096**

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

**C. Joel Fraser**

Mailing Address 164 First Avenue

City Cranston State RI Zip Code 02910

Purpose of Disbursement  
See Below: GOTV

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : SB21B.4675**

Amount of Each Disbursement this Period

10001.34

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

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

16016.34

**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"/> 24	<input type="checkbox"/> 25	<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 Action Fund**

Full Name (Last, First, Middle Initial)

**A. Delta Airlines**

Mailing Address 1030 Delta Blvd.

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Air Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : SB21B.4675.0**

Amount of Each Disbursement this Period

953.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Enterprise Rental**

Mailing Address 600 Corporate Park Dr

City St. Louis State MO Zip Code 63105

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : SB21B.4675.1**

Amount of Each Disbursement this Period

1939.52

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Ramada**

Mailing Address 251 Brighton Circle

City Shelbyville State KY Zip Code 40065

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : SB21B.4675.2**

Amount of Each Disbursement this Period

4157.75

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<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 Action Fund**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4333 Amon Carter Blvd

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : SB21B.4675.3**

Amount of Each Disbursement this Period

485.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Kroger**

Mailing Address 1650 Bryan Station Rd

City Lexington State KY Zip Code 40505

Purpose of Disbursement  
Volunteer Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : SB21B.4675.4**

Amount of Each Disbursement this Period

655.32

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Joel Fraser**

Mailing Address 164 First Avenue

City Cranston State RI Zip Code 02910

Purpose of Disbursement  
See Below: GOTV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : SB21B.4687**

Amount of Each Disbursement this Period

12536.51

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

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

12536.51

**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"/> 24	<input type="checkbox"/> 25	<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 Action Fund**

Full Name (Last, First, Middle Initial)

**A. Delta Airlines**

Mailing Address 1030 Delta Blvd.

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
PAC Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : SB21B.4687.0**

Amount of Each Disbursement this Period

207.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Enterprise Rental**

Mailing Address 600 Corporate Park Dr

City St. Louis State MO Zip Code 63105

Purpose of Disbursement  
PAC Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : SB21B.4687.1**

Amount of Each Disbursement this Period

265.25

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Hertz**

Mailing Address PO Box 26120

City Oklahoma City State OK Zip Code 73126

Purpose of Disbursement  
PAC Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : SB21B.4687.2**

Amount of Each Disbursement this Period

1823.01

[MEMO ITEM]

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

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

0.00

**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"/> 24	<input type="checkbox"/> 25	<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 Action Fund**

Full Name (Last, First, Middle Initial)

**A. Holiday Inn Express & Suites**

Mailing Address 3996 Hinkleville Rd

City Paducah State KY Zip Code 42001

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : SB21B.4687.3**

Amount of Each Disbursement this Period

3262.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Fairfield Inn & Suites**

Mailing Address 407 Riverwind Drive

City Pearl State MS Zip Code 39208

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : SB21B.4687.4**

Amount of Each Disbursement this Period

2848.18

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Kroger**

Mailing Address 1650 Bryan Station Rd

City Lexington State KY Zip Code 40505

Purpose of Disbursement  
PAC Volunteer Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : SB21B.4687.5**

Amount of Each Disbursement this Period

543.80

[MEMO ITEM]

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

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

0.00



**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"/> 24	<input type="checkbox"/> 25	<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 Action Fund**

Full Name (Last, First, Middle Initial)

**A. HSP Direct**

Mailing Address 20130 Lakeview Center Plaza  
Ste 300

City Ashburn State VA Zip Code 20147

Purpose of Disbursement  
PAC Direct Mail Creative Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

**Transaction ID : SB21B.4704**

Amount of Each Disbursement this Period

2573.40

Full Name (Last, First, Middle Initial)

**B. Postage for Direct Mail Fundraising**

Mailing Address 20130 Lakeview Center Plaza  
Ste 300

City Ashburn State VA Zip Code 20147

Purpose of Disbursement  
PAC Postage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

**Transaction ID : SB21B.4706**

Amount of Each Disbursement this Period

20661.84

Full Name (Last, First, Middle Initial)

**C. Kris Shafer**

Mailing Address 2186 CR 423

City Stephenville State TX Zip Code 76401

Purpose of Disbursement  
See Below

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2014

**Transaction ID : SB21B.4672**

Amount of Each Disbursement this Period

441.71

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

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

23676.95

**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"/> 24	<input type="checkbox"/> 25	<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 Action Fund**

Full Name (Last, First, Middle Initial)

**A. Hertz**

Mailing Address PO Box 26120

City Oklahoma City State OK Zip Code 73126

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

**Transaction ID : SB21B.4672.0**

Amount of Each Disbursement this Period

4	4	1	.	7	1
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**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Washington Intelligence Bureau**

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement  
PAC Caging & Escrow

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

**Transaction ID : SB21B.4710**

Amount of Each Disbursement this Period

7	5	8	.	0	5
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

7	5	8	.	0	5
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5	3	0	4	2	.	8	5
---	---	---	---	---	---	---	---

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Madison Action Fund</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00524520
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Jamestown Associates</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 17 / 2014</b>
Mailing Address 5 Mapleton Rd Ste 300	Amount <b>24696.76</b>
City State Zip Code Princeton NJ 08540	<b>Transaction ID : SE.4410</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 17 / 2014</b>
Purpose of Expenditure Radio Buy	Category/Type <b>001</b>
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought <b>24696.76</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Surge Data Technologies</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 20 / 2014</b>
Mailing Address 1550 Old Annetta Rd	Amount <b>9300.00</b>
City State Zip Code Aledo TX 76008	<b>Transaction ID : SE.4701</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 20 / 2014</b>
Purpose of Expenditure Robo Calls	Category/Type <b>001</b>
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought <b>33996.76</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>33996.76</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>33996.76</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

[Electronically Filed]

Date MM / DD / YYYY  
**07 / 11 / 2014**

Signature