

# 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  /  /  2017 through  /  /  2017

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  /  /  2017

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="2017"/>	<input type="text" value="11580.49"/>	<input type="text" value="11580.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11580.49"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="94341.14"/>	<input type="text" value="94341.14"/>
(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="105921.63"/>	<input type="text" value="105921.63"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="73107.01"/>	<input type="text" value="73107.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="32814.62"/>	<input type="text" value="32814.62"/>
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 PROJECT INC.

Report Covering the Period: From: 01 / 01 / 2017 To: 06 / 30 / 2017

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).....	22650.00	22650.00
(ii) Unitemized .....	46244.64	46244.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	68894.64	68894.64
(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) .....	68894.64	68894.64
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).....	446.50	446.50
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	25000.00	25000.00
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)).....▶	94341.14	94341.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	94341.14	94341.14

**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 .....	51202.61	51202.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	51202.61	51202.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	- 335.00	- 335.00
24. Independent Expenditures (use Schedule E) .....	33.25	33.25
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 .....	100.00	100.00
(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)).....	100.00	100.00
29. Other Disbursements (Including Non-Federal Donations).....	22106.15	22106.15
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)) ..	73107.01	73107.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	73107.01	73107.01

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	68894.64	68894.64
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	68794.64	68794.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	51202.61	51202.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	446.50	446.50
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	50756.11	50756.11

**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 64
<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 PROJECT INC.**

**A. ALBRITTON, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5505 GOLDER AVE  
 City ODESSA State TX Zip Code 79764  
 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 ▼ 250.00

Date of Receipt 06 / 19 / 2017  
**Transaction ID : SA11AI.388362**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. BAIRD, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4281 EXPRESS LANE #L3147  
 City SARASOTA State FL Zip Code 34249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CESAR RITZ COLLEGES Occupation (for Individual) ADMISSIONS REGISTRAR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 15 / 2017  
**Transaction ID : SA11AI.386731**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. BALL, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 NEW BRITAIN ROAD  
 City DOYLESTOWN State PA Zip Code 18901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) W. ATLEE BURPEE COMPANY Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 19 / 2017  
**Transaction ID : SA11AI.388376**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<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 64
	<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. BAUGHMAN, JO ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1269

City PHILOMATH	State OR	Zip Code 97370
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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 ▼  
231.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2017

**Transaction ID : SA11AI.387012**

Amount of Each Receipt this Period  
 40.00

Memo Item

**B. BAUGHMAN, JO ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1269

City PHILOMATH	State OR	Zip Code 97370
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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 ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2017

**Transaction ID : SA11AI.388253**

Amount of Each Receipt this Period  
 69.00

Memo Item  
 EM-HANDEL-TRANS20170626

**C. BECK, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2318 E WALKER LN

City SALT LAKE CITY	State UT	Zip Code 84117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CENTER FOR ORTHOPEDIC & REHAB EXCELLAN	Occupation (for Individual) REGISTERED NURSE
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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  
 02 / 24 / 2017

**Transaction ID : SA11AI.386889**

Amount of Each Receipt this Period  
 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	609.00
<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 8 OF 64
	<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. BECKMANN, KLAUS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 167

City AMSTERDAM	State NY	Zip Code 12010
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BECKMANN CON VONTING	Occupation (for Individual) CHEMICAL ENGINEER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 03 / 17 / 2017  
**Transaction ID : SA11AI.387243**

Amount of Each Receipt this Period  
 100.00

Memo Item

**B. BECKMANN, KLAUS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 167

City AMSTERDAM	State NY	Zip Code 12010
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BECKMANN CON VONTING	Occupation (for Individual) CHEMICAL ENGINEER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 03 / 21 / 2017  
**Transaction ID : SA11AI.387263**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C. BECKMANN, KLAUS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 167

City AMSTERDAM	State NY	Zip Code 12010
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BECKMANN CON VONTING	Occupation (for Individual) CHEMICAL ENGINEER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 03 / 22 / 2017  
**Transaction ID : SA11AI.387267**

Amount of Each Receipt this Period  
 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<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 64
	<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. BRAYSHAW, CAROLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12052 MAPLE LEAF LN  
 City FONTANA State CA Zip Code 92337  
 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 05 / 27 / 2017  
**Transaction ID : SA11AI.387594**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. BURIANEK, BRUCE, L, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3010 QUINCANNON LN  
 City HOUSTON State TX Zip Code 77043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FIRESAFE Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 05 / 2017  
**Transaction ID : SA11AI.388000**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. CALHOUN, SUSAN, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 472 GABRIEL DR.  
 City KIRKWOOD State MO Zip Code 63122  
 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 05 / 28 / 2017  
**Transaction ID : SA11AI.387733**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<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 64
<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. CESTONE, BERNARD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 W 22ND ST

City UPLAND	State CA	Zip Code 91784
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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
06	/	20	/	2017

**Transaction ID : SA11AI.388204**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. CHESTER, JANIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 49 HAZEL ROAD

City DOVER	State DE	Zip Code 19901
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BAYHEALTH MEDICAL CENTER	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
18.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2017

**Transaction ID : SA11AI.387079**

Amount of Each Receipt this Period  
18.00

Memo Item  
EM-MANDEL-TRANS20170306

**C. CLYDE, WILLIAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2623 PEBBLE DAWN

City SAN ANTONIO	State TX	Zip Code 78232
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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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2017

**Transaction ID : SA11AI.388093**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	718.00
<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 64
<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. COURT, ANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 171 HERMITAGE CIR  
 City LIGONIER State PA Zip Code 15658  
 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 ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2017  
**Transaction ID : SA11AI.388007**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item

**B. DINKINS, BRAD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 SE 52 STREET  
 City OCALA State FL Zip Code 34480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE DEVELOPMENT.  
 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  
 05 / 23 / 2017  
**Transaction ID : SA11AI.387610**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. DOCTER, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7778 BOCA RATON DR  
 City LAS VEGAS State NV Zip Code 89113  
 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  
 04 / 13 / 2017  
**Transaction ID : SA11AI.387364**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<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 12 OF 64
<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. DOCTER, TIMOTHY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7778 BOCA RATON DR

City LAS VEGAS	State NV	Zip Code 89113
-------------------	-------------	-------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2017

**Transaction ID : SA11AI.387375**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. DOCTER, TIMOTHY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7778 BOCA RATON DR

City LAS VEGAS	State NV	Zip Code 89113
-------------------	-------------	-------------------

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2017

**Transaction ID : SA11AI.387608**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. ECKERMAN, RUTH, E, MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3528 ATWOOD AVE APT 106

City MADISON	State WI	Zip Code 53714
-----------------	-------------	-------------------

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 ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2017

**Transaction ID : SA11AI.388248**

Amount of Each Receipt this Period  
25.00

Memo Item  
EM-HANDEL-TRANS20170626

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<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 13 OF 64
<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. FRANSSON, MARTHA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 DODGE DRIVE

City WEST HARTFORD	State CT	Zip Code 06107
-----------------------	-------------	-------------------

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
05	/	02	/	2017

**Transaction ID : SA11AI.387462**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. GASS, JERRY, H, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 ROCKMONT RD

City GREENVILLE	State SC	Zip Code 29615
--------------------	-------------	-------------------

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
06	/	12	/	2017

**Transaction ID : SA11AI.388149**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. GERHAB, BRYAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2303 KEMMERER ST

City BETHLEHEM	State PA	Zip Code 18017
-------------------	-------------	-------------------

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 ▼  
5.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2017

**Transaction ID : SA11AI.387080**

Amount of Each Receipt this Period  
5.00

Memo Item  
EM-MANDEL-TRANS20170306

<b>SUBTOTAL</b> of Receipts This Page (optional).....	405.00
<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 14 OF 64
	<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. HAMMOCK, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 309 KINGSTON RD  
 City MYRTLE BEACH State SC Zip Code 29572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FIS, INC. Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2017  
**Transaction ID : SA11AI.387627**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. HEDRICK, LAWRENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3508 TRAIL HEAD COURT  
 City KERRVILLE State TX Zip Code 78028  
 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 ▼ 7.00

Date of Receipt 06 / 19 / 2017  
**Transaction ID : SA11AI.388252**  
 Amount of Each Receipt this Period 7.00  
 Memo Item  
 EM-HANDEL-TRANS20170626

**C. HOBSON, KAREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 389 RIVER CLIFF PL.  
 City SPRING BRANCH State TX Zip Code 78070  
 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 ▼ 50.00

Date of Receipt 06 / 19 / 2017  
**Transaction ID : SA11AI.388251**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 EM-HANDEL-TRANS20170626

<b>SUBTOTAL</b> of Receipts This Page (optional).....	557.00
<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 64
<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. HOOLEY, MARCIA, R, MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3000 W 050 N

City LAGRANGE	State IN	Zip Code 46761
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) FARMING
--	--

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		01		2017

**Transaction ID : SA11AI.387912**

Amount of Each Receipt this Period  
100.00

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2017

**Transaction ID : SA11AI.387127**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. 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 ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

**Transaction ID : SA11AI.388008**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<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 16 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A. KENDALL, LINDA, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1627 HILL ROAD  
 City NOVATO State CA Zip Code 94947  
 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 05 / 01 / 2017  
**Transaction ID : SA11AI.387418**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. 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 ▼ 2500.00

Date of Receipt 06 / 08 / 2017  
**Transaction ID : SA11AI.388005**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. KNORR, ROSEMARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 815 BRAZOS ST STE A  
 City AUSTIN State TX Zip Code 78701  
 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 ▼ 2500.00

Date of Receipt 03 / 16 / 2017  
**Transaction ID : SA11AI.387222**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5500.00  
**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 17 OF 64
	<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. LIEN, KAREN, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1435 ELEPHANT RD

City PERKASIE	State PA	Zip Code 18944
------------------	-------------	-------------------

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

Name of Employer (for Individual) NOT EMPLOYED	Occupation (for Individual) NOT EMPLOYED
---	---

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
03	/	16	/	2017

**Transaction ID : SA11AI.387197**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. MATTHEWS, J., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 761384

City SAN ANTONIO	State TX	Zip Code 78245
---------------------	-------------	-------------------

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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2017

**Transaction ID : SA11AI.387954**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. MCDONALD, KAY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1898 HENDERSHOT RD

City PARMA	State MI	Zip Code 49269
---------------	-------------	-------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2017

**Transaction ID : SA11AI.387896**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<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 18 OF 64
	(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. MEISSNER, MIKE, L, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 WEEPING SPRUCE PL

City THE WOODLANDS	State TX	Zip Code 77384
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) CHEVRON PHILLIPS CHEMICAL CO.	Occupation (for Individual) FINANCE MGR.
--	---

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
05		01		2017

**Transaction ID : SA11AI.387433**

Amount of Each Receipt this Period  
500.00

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2017

**Transaction ID : SA11AI.387979**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. O'GWYNN, MARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 4159

City BRANDON	State MS	Zip Code 39047
-----------------	-------------	-------------------

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 ▼  
50.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2017

**Transaction ID : SA11AI.388249**

Amount of Each Receipt this Period  
50.00

Memo Item  
EM-HANDEL-TRANS20170626

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 19 OF 64
	<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. ODELL, THEODORE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1700 S RIVER RD APT 148

City JANESVILLE	State WI	Zip Code 53546
--------------------	-------------	-------------------

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 ▼  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : SA11AI.388120**

Amount of Each Receipt this Period  
 225.00

Memo Item

**B. OLSON, WENDY, L, MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 504 N MARQUETTE AVE

City SIOUX FALLS	State SD	Zip Code 57110
---------------------	-------------	-------------------

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

Name of Employer (for Individual) ALRIDING SAVIOR	Occupation (for Individual) PASTOR
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2017  
**Transaction ID : SA11AI.388254**

Amount of Each Receipt this Period  
 10.00

Memo Item  
 EM-HANDEL-TRANS20170626

**C. PEDERSON, IRENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 SUNNYSIDE AVE

City PLENTYWOOD	State MT	Zip Code 59254
--------------------	-------------	-------------------

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 / D D / Y Y Y Y Y Y  
 06 / 08 / 2017  
**Transaction ID : SA11AI.388009**

Amount of Each Receipt this Period  
 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	485.00
<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 20 OF 64
<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. PENNER, PAMELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2255 HIGHWAY K-15  
 City HILLSBORO State KS Zip Code 67063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 20 / 2017  
**Transaction ID : SA11AI.388244**  
 Amount of Each Receipt this Period 220.00  
 Memo Item

**B. REID, GREG, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 150 SCOTT LANE  
 City PRATTVILLE State AL Zip Code 36066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BB&T Occupation (for Individual) IT SYSTEMS CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20.00

Date of Receipt 06 / 19 / 2017  
**Transaction ID : SA11AI.388256**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 EM-HANDEL-TRANS20170626

**C. REINDERS, GLENN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3479 SHERMAN RD  
 City JACKSON State WI Zip Code 53037  
 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 ▼ 699.00

Date of Receipt 06 / 01 / 2017  
**Transaction ID : SA11AI.387920**  
 Amount of Each Receipt this Period 699.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	924.00
<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 21 OF 64
	<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. REMINGTON, JAMES, A, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2300 CEDARFIELD PKWY APT 263

City RICHMOND	State VA	Zip Code 23233
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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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2017

**Transaction ID : SA11AI.388006**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. SHIPLEY, LAWRENCE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5200 NORTH MAIN STREET

City HOUSTON	State TX	Zip Code 77009
-----------------	-------------	-------------------

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

Name of Employer (for Individual) SHIPLEY DO-NUTS	Occupation (for Individual) PRESIDENT
--	--

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
05	/	27	/	2017

**Transaction ID : SA11AI.387711**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. SIMON, ALLEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1383 N CRISS ST

City CHANDLER	State AZ	Zip Code 85226
------------------	-------------	-------------------

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
03	/	17	/	2017

**Transaction ID : SA11AI.387246**

Amount of Each Receipt this Period  
500.00

Memo Item

<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:	PAGE 22 OF 64
	(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. STUART, DALE, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 213 W MONROE AVE

City LOWELL	State AR	Zip Code 72745
----------------	-------------	-------------------

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

Name of Employer (for Individual) TAXSAVERS INC	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2017

**Transaction ID : SA11AI.387370**

Amount of Each Receipt this Period  
201.00

Memo Item

**B. STUART, DALE, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 213 W MONROE AVE

City LOWELL	State AR	Zip Code 72745
----------------	-------------	-------------------

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

Name of Employer (for Individual) TAXSAVERS INC	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
402.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2017

**Transaction ID : SA11AI.388247**

Amount of Each Receipt this Period  
201.00

Memo Item  
EM-HANDEL-TRANS20170626

**C. SWEATT, NANCY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 3087

City SANTA CRUZ	State CA	Zip Code 95063
--------------------	-------------	-------------------

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 ▼  
50.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2017

**Transaction ID : SA11AI.388250**

Amount of Each Receipt this Period  
25.00

Memo Item  
EM-HANDEL-TRANS20170626

<b>SUBTOTAL</b> of Receipts This Page (optional).....	427.00
<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 23 OF 64
	<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. SWENSON, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 8  
 City TILDEN State TX Zip Code 78072  
 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 05 / 03 / 2017  
**Transaction ID : SA11AI.387500**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. TURBERVILLE, FRANK, B, MR, JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 246  
 City MILTON State NC Zip Code 27305  
 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 06 / 05 / 2017  
**Transaction ID : SA11AI.387990**  
 Amount of Each Receipt this Period 800.00  
 Memo Item

**C. WILSON, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9962 ROCKBROOK DR  
 City DALLAS State TX Zip Code 75220  
 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 ▼ 1000.00

Date of Receipt 04 / 25 / 2017  
**Transaction ID : SA11AI.387374**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2300.00
<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 24 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. WINTER, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7712 APPLE MILL PL  
 City LOUISVILLE State KY Zip Code 40228  
 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 ▼ 400.00

Date of Receipt 06 / 05 / 2017  
**Transaction ID : SA11AI.387993**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. WISE, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6013 GREENLEAF CT  
 City BRENTWOOD State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN AIRLINES Occupation (for Individual) PILOT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 21 / 2017  
**Transaction ID : SA11AI.387261**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. WISE, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6013 GREENLEAF CT  
 City BRENTWOOD State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN AIRLINES Occupation (for Individual) PILOT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 21 / 2017  
**Transaction ID : SA11AI.387352**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<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 25 OF 64
	(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. WISE, STEVE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6013 GREENLEAF CT

City BRENTWOOD	State TN	Zip Code 37027
-------------------	-------------	-------------------

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

Name of Employer (for Individual) AMERICAN AIRLINES	Occupation (for Individual) PILOT
--	--------------------------------------

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
05		21		2017

**Transaction ID : SA11AI.387571**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. WISE, ROBERT, H., , JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2348 RIVER GRAND DR

City VESTAVIA	State AL	Zip Code 35243
------------------	-------------	-------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

**Transaction ID : SA11AI.388016**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. WISE, STEVE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6013 GREENLEAF CT

City BRENTWOOD	State TN	Zip Code 37027
-------------------	-------------	-------------------

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

Name of Employer (for Individual) AMERICAN AIRLINES	Occupation (for Individual) PILOT
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2017

**Transaction ID : SA11AI.388246**

Amount of Each Receipt this Period  
100.00

Memo Item  
EM-MANDEL-TRANS20170630

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<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 26 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A. WISE, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6013 GREENLEAF CT  
 City BRENTWOOD    State TN    Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN AIRLINES    Occupation (for Individual) PILOT  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 06 / 19 / 2017  
**Transaction ID : SA11AI.388255**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 EM-HANDEL-TRANS20170626

**B. WISE, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6013 GREENLEAF CT  
 City BRENTWOOD    State TN    Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN AIRLINES    Occupation (for Individual) PILOT  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 21 / 2017  
**Transaction ID : SA11AI.388259**  
 Amount of Each Receipt this Period 100.00  
 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  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	22650.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 27 OF 64	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

**A. REIGNITE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 3653

City DUBLIN	State OH	Zip Code 43016
----------------	-------------	-------------------

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

M M	/	D D	/	Y Y Y Y
05	/	24	/	2017

**Transaction ID : SA15.387852**

Amount of Each Receipt this Period

446.50
--------

Memo Item  
**REFUND**

**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

M M	/	D D	/	Y Y Y Y
	/		/	

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

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

--

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	446.50
<b>TOTAL</b> This Period (last page this line number only).....▶	446.50

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 64  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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  
UIHLEIN, RICHARD, , ,

Mailing Address 1396 N WAUKEGAN RD

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer (for Individual) ULINE Occupation (for Individual) CEO/OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2017

Transaction ID : SA17.387015

Amount of Each Receipt this Period  
25000.00

Memo Item  
NON-CONTRIBUTION ACCOUNT

**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  
 M M / D D / Y Y Y Y Y Y

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  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	25000.00

**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. ACTIVE ENGAGEMENT**

Full Name (Last, First, Middle Initial)

Mailing Address 44084 RIVERSIDE PKWY STE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement  
PAC E-MARKETING

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
05 / 23 / 2017

FEC Identification Number  
  
**Transaction ID : SB21B.38785**  
Amount of Each Disbursement this Period

Memo Item

**B. ACTIVE ENGAGEMENT**

Full Name (Last, First, Middle Initial)

Mailing Address 44084 RIVERSIDE PKWY STE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement  
PAC E-MARKETING

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2017

FEC Identification Number  
  
**Transaction ID : SB21B.38824**  
Amount of Each Disbursement this Period

Memo Item

**C. AMBASSADOR ACCOUNTS INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 7521 PRESIDENTIAL LANE

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement  
PAC ACCOUNTING SERVICES

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
06 / 08 / 2017

FEC Identification Number  
  
**Transaction ID : SB21B.38817**  
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.**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address THIRD STREET, SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2017

FEC Identification Number

C  
Transaction ID : **SB21B.38655**  
Amount of Each Disbursement this Period  
1041.03

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address THIRD STREET, SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2017

FEC Identification Number

C  
Transaction ID : **SB21B.38680**  
Amount of Each Disbursement this Period  
249.63

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address THIRD STREET, SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2017

FEC Identification Number

C  
Transaction ID : **SB21B.38708**  
Amount of Each Disbursement this Period  
204.22

Memo Item

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

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

1494.88

**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. ANEDOT**

Mailing Address THIRD STREET, SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.38731  
Amount of Each Disbursement this Period  
11.61

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address THIRD STREET, SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.38747  
Amount of Each Disbursement this Period  
27.93

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address THIRD STREET, SUITE 2B

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.3879c  
Amount of Each Disbursement this Period  
144.57

Memo Item

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

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

184.11

**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. AT&T INC.**

Mailing Address 208 S AKARD ST

City  
DALLAS

State  
TX

Zip Code  
75202

Purpose of Disbursement  
PAC TELEPHONE

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : SB21B.38708**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. AT&T INC.**

Mailing Address 208 S AKARD ST

City  
DALLAS

State  
TX

Zip Code  
75202

Purpose of Disbursement  
PAC TELEPHONE

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : SB21B.38728**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. AT&T INC.**

Mailing Address 208 S AKARD ST

City  
DALLAS

State  
TX

Zip Code  
75202

Purpose of Disbursement  
PAC TELEPHONE

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : SB21B.38736**  
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. BANK OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 27 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38702

Amount of Each Disbursement this Period: 30.00

Memo Item

**B. BANK OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38702

Amount of Each Disbursement this Period: 12.00

Memo Item

**C. BANK OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38702

Amount of Each Disbursement this Period: 29.95

Memo Item

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

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

71.95

**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"/> 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. BANK OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38702

Amount of Each Disbursement this Period: 12.00

Memo Item

**B. BANK OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 27 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38731

Amount of Each Disbursement this Period: 30.00

Memo Item

**C. BANK OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38732

Amount of Each Disbursement this Period: 12.00

Memo Item

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

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

54.00

**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. BANK OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38732

Amount of Each Disbursement this Period: 12.00

Memo Item

**B. BANK OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38732

Amount of Each Disbursement this Period: 29.95

Memo Item

**C. BANK OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 06 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38732

Amount of Each Disbursement this Period: 12.00

Memo Item

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

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

53.95

**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"/> 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. BANK OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 28 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38736

Amount of Each Disbursement this Period: 30.00

Memo Item

**B. BANK OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38747

Amount of Each Disbursement this Period: 12.00

Memo Item

**C. BANK OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38747

Amount of Each Disbursement this Period: 29.95

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 71.95

**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. BANK OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38758

Amount of Each Disbursement this Period: 30.00

Memo Item

**B. BANK OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 19 / 2017

FEC Identification Number: C

Transaction ID : SB21B.38759

Amount of Each Disbursement this Period: 30.00

Memo Item

**C. BANK OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 26 / 2017

FEC Identification Number: C

Transaction ID : SB21B.3878

Amount of Each Disbursement this Period: 30.00

Memo Item

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

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

90.00

**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) <b>A. BANK OF AMERICA</b>			Date of Disbursement MM / DD / YYYY 05 / 31 / 2017	
Mailing Address 100 N TRYON ST				
City CHARLOTTE	State NC	Zip Code 28202	FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.38788</b>	
Purpose of Disbursement PAC BANK FEES			Amount of Each Disbursement this Period [REDACTED] 35.00	
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>B. BANK OF AMERICA</b>			Date of Disbursement MM / DD / YYYY 06 / 01 / 2017	
Mailing Address 100 N TRYON ST				
City CHARLOTTE	State NC	Zip Code 28202	FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.38792</b>	
Purpose of Disbursement PAC BANK FEES			Amount of Each Disbursement this Period [REDACTED] 12.00	
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>C. BANK OF AMERICA</b>			Date of Disbursement MM / DD / YYYY 06 / 01 / 2017	
Mailing Address 100 N TRYON ST				
City CHARLOTTE	State NC	Zip Code 28202	FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.38793</b>	
Purpose of Disbursement PAC BANK FEES			Amount of Each Disbursement this Period [REDACTED] 29.95	
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)..... ▶

76.95

**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) <b>A. DOUGLAS, KATHY, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2017
Mailing Address 901 MCCLENDON WALKER ROAD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.38756</b> Amount of Each Disbursement this Period [REDACTED] 250.00
City ALEDO	State TX	Zip Code 76008
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) <b>B. DOUGLAS, KATHY, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2017
Mailing Address 901 MCCLENDON WALKER ROAD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.38818</b> Amount of Each Disbursement this Period [REDACTED] 250.00
City ALEDO	State TX	Zip Code 76008
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) <b>C. ELECTEK</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2017
Mailing Address PO BOX 23715		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.38676</b> Amount of Each Disbursement this Period [REDACTED] 600.00
City CHAGRIN FALLS	State OH	Zip Code 44023
Purpose of Disbursement PAC SOFTWARE		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)..... ▶

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

[REDACTED] 1100.00
[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 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. ELECTEK**

Mailing Address PO BOX 23715

City CHAGRIN FALLS State OH Zip Code 44023

Purpose of Disbursement  
PAC SOFTWARE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
03 / 15 / 2017

FEC Identification Number  
  
**Transaction ID : SB21B.38716**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ELECTEK**

Mailing Address PO BOX 23715

City CHAGRIN FALLS State OH Zip Code 44023

Purpose of Disbursement  
PAC SOFTWARE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
06 / 02 / 2017

FEC Identification Number  
  
**Transaction ID : SB21B.38790**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ELECTEK**

Mailing Address PO BOX 23715

City CHAGRIN FALLS State OH Zip Code 44023

Purpose of Disbursement  
PAC SOFTWARE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
06 / 14 / 2017

FEC Identification Number  
  
**Transaction ID : SB21B.38817**  
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.**

Full Name (Last, First, Middle Initial)

**A. MAILCHIMP**

Mailing Address 512 MEANS ST NW STE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement  
PAC E-MARKETING

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
01 / 10 / 2017

FEC Identification Number  
  
**Transaction ID : SB21B.38673**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. MAILCHIMP**

Mailing Address 512 MEANS ST NW STE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement  
PAC E-MARKETING

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
02 / 10 / 2017

FEC Identification Number  
  
**Transaction ID : SB21B.38688**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. MAILCHIMP**

Mailing Address 512 MEANS ST NW STE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement  
PAC E-MARKETING

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
03 / 10 / 2017

FEC Identification Number  
  
**Transaction ID : SB21B.38716**  
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.**

Full Name (Last, First, Middle Initial)

**A. MAILCHIMP**

Mailing Address 512 MEANS ST NW STE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement  
PAC E-MARKETING

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.38733**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. MAILCHIMP**

Mailing Address 512 MEANS ST NW STE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement  
PAC E-MARKETING

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.38756**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. MAILCHIMP**

Mailing Address 512 MEANS ST NW STE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement  
PAC E-MARKETING

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.38815**  
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.**

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 HOSTING

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.38674**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. MEDIA TEMPLE**

Mailing Address 8520 NATIONAL BLVD BLDG A

City CULVER CITY State CA Zip Code 90232

Purpose of Disbursement  
PAC WEB HOSTING

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.38688**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. MEDIA TEMPLE**

Mailing Address 8520 NATIONAL BLVD BLDG A

City CULVER CITY State CA Zip Code 90232

Purpose of Disbursement  
PAC WEB HOSTING

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.38716**  
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. MEDIA TEMPLE**

Full Name (Last, First, Middle Initial)

Mailing Address 8520 NATIONAL BLVD BLDG A

City CULVER CITY State CA Zip Code 90232

Purpose of Disbursement PAC WEB HOSTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
04 / 14 / 2017

FEC Identification Number: C [REDACTED]

Transaction ID : SB21B.38733

Amount of Each Disbursement this Period: 60.00

Memo Item

**B. MEDIA TEMPLE**

Full Name (Last, First, Middle Initial)

Mailing Address 8520 NATIONAL BLVD BLDG A

City CULVER CITY State CA Zip Code 90232

Purpose of Disbursement PAC WEB HOSTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 15 / 2017

FEC Identification Number: C [REDACTED]

Transaction ID : SB21B.38758

Amount of Each Disbursement this Period: 60.00

Memo Item

**C. MEDIA TEMPLE**

Full Name (Last, First, Middle Initial)

Mailing Address 8520 NATIONAL BLVD BLDG A

City CULVER CITY State CA Zip Code 90232

Purpose of Disbursement PAC WEB HOSTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 14 / 2017

FEC Identification Number: C [REDACTED]

Transaction ID : SB21B.38815

Amount of Each Disbursement this Period: 60.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 180.00

**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.**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX**

Mailing Address 911 PANORAMA TRAIL S.

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement  
PAC PAYROLL SERVICE FEES

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.38733  
Amount of Each Disbursement this Period  
61.34

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYCHEX**

Mailing Address 911 PANORAMA TRAIL S.

City ROCHESTER State NY Zip Code 14625

Purpose of Disbursement  
PAC PAYROLL SERVICE FEES

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.38756  
Amount of Each Disbursement this Period  
72.97

Memo Item

Full Name (Last, First, Middle Initial)

**C. PROFESSIONAL DATA SERVICES**

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement  
PAC COMPLIANCE CONSULTING

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.38688  
Amount of Each Disbursement this Period  
1506.52

Memo Item

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

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

1640.83

**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. PROFESSIONAL DATA SERVICES**

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement  
PAC COMPLIANCE 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.38709**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. REIGNITE**

Mailing Address PO BOX 3653

City DUBLIN State OH Zip Code 43016

Purpose of Disbursement  
PAC E-MARKETING

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.38709**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. RYUN, JIM, , ,**

Mailing Address 132 D ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
SEE MEMO

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.38755**  
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.**

Full Name (Last, First, Middle Initial)

**A. UNITED STATES POSTAL OFFICE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2017

Mailing Address 220 N HATCHER AVE

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.38789**  
Amount of Each Disbursement this Period

[REDACTED] 69.95

Memo Item

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement  
PAC POSTAGE

001  
Category/  
Type

Candidate Name

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

State: District:

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2017

Mailing Address 185 BERRY ST. STE. 550

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.38747**  
Amount of Each Disbursement this Period

[REDACTED] 463.81

Memo Item

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
PAC CC TRANSACTION FEES

001  
Category/  
Type

Candidate Name

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

State: District:

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2017

Mailing Address 185 BERRY ST. STE. 550

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.38794**  
Amount of Each Disbursement this Period

[REDACTED] 230.55

Memo Item

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
PAC CC TRANSACTION FEES

001  
Category/  
Type

Candidate Name

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

State: District:

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

[REDACTED] 694.36

**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 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) <b>A. THE PRINTING EXPRESS LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2017
Mailing Address 21 WAREHOUSE ROAD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.38702</b> Amount of Each Disbursement this Period 2500.00
City HARRISONBURG	State PA	Zip Code 22801
Purpose of Disbursement PAC PRINTING		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>B. THE PRINTING EXPRESS LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 27 / 2017
Mailing Address 21 WAREHOUSE ROAD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.38731'</b> Amount of Each Disbursement this Period 2500.00
City HARRISONBURG	State PA	Zip Code 22801
Purpose of Disbursement PAC PRINTING		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>C. THE PRINTING EXPRESS LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2017
Mailing Address 21 WAREHOUSE ROAD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.38731</b> Amount of Each Disbursement this Period 2500.00
City HARRISONBURG	State PA	Zip Code 22801
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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7500.00
<b>TOTAL</b> 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) <b>A. THE PRINTING EXPRESS LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2017
Mailing Address 21 WAREHOUSE ROAD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.38785</b> Amount of Each Disbursement this Period 2440.00
City HARRISONBURG	State PA	Zip Code 22801
Purpose of Disbursement PAC DIRECT MAIL PRODUCTION		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>B. THE RICHARD NORMAN COMPANY</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2017
Mailing Address 113 EAST MARKET ST. STE. 300		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.38756</b> Amount of Each Disbursement this Period 4674.90
City LEESBURG	State VA	Zip Code 20176
Purpose of Disbursement PAC DIRECT MAIL PRODUCTION		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>C. THOMAS GRAPHICS INC.</b>		Date of Disbursement MM / DD / YYYY 01 / 18 / 2017
Mailing Address PO BOX 14226		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.38674</b> Amount of Each Disbursement this Period 3379.95
City AUSTIN	State TX	Zip Code 78714
Purpose of Disbursement PAC DIRECT MAIL PRODUCTION		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)..... ▶

10494.85

**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. THOMAS GRAPHICS INC.**

Mailing Address PO BOX 14226

City  
AUSTIN

State  
TX

Zip Code  
78714

Purpose of Disbursement  
PAC POSTAGE

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			23			2017			

FEC Identification Number

**Transaction ID : SB21B.38675**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)  
**B. THOMAS GRAPHICS INC.**

Mailing Address PO BOX 14226

City  
AUSTIN

State  
TX

Zip Code  
78714

Purpose of Disbursement  
PAC DIRECT MAIL PRODUCTION

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			27			2017			

FEC Identification Number

**Transaction ID : SB21B.38701**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)  
**C. TIDEWATER STRATEGIES LLC**

Mailing Address PO BOX 10853

City  
RALEIGH

State  
NC

Zip Code  
27605

Purpose of Disbursement  
PAC STRATEGY CONSULTING

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			06			2017			

FEC Identification Number

**Transaction ID : SB21B.38665**  
Amount of Each Disbursement this Period

Memo Item

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

<input type="text" value="7651.35"/>
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**TOTAL** This Period (last page this line number only)..... ▶

<input type="text" value="50097.05"/>
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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) <b>A. CITIZENS FOR JOSH MANDEL</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2017
Mailing Address 9856 ARCHER LANE		FEC Identification Number C00494930 <b>Transaction ID : SB23.387084</b>
City DUBLIN	State OH	Zip Code 43017
Purpose of Disbursement TRANSMITTAL OF EARMARKS		Category/Type 001
Candidate Name <b>MANDEL, JOSH, , ,</b>		Amount of Each Disbursement this Period 23.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OH	District: 00	

Full Name (Last, First, Middle Initial) <b>B. CITIZENS FOR JOSH MANDEL</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2017
Mailing Address 9856 ARCHER LANE		FEC Identification Number C00494930 <b>Transaction ID : SB23.387085</b>
City DUBLIN	State OH	Zip Code 43017
Purpose of Disbursement EARMARKED BY JANIS CHESTER ID# 36349		Category/Type 001
Candidate Name <b>MANDEL, JOSH, , ,</b>		Amount of Each Disbursement this Period 18.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: OH	District: 00	

Full Name (Last, First, Middle Initial) <b>C. CITIZENS FOR JOSH MANDEL</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2017
Mailing Address 9856 ARCHER LANE		FEC Identification Number C00494930 <b>Transaction ID : SB23.387086</b>
City DUBLIN	State OH	Zip Code 43017
Purpose of Disbursement EARMARKED BY BRYAN GERHAB ID# 110523		Category/Type 001
Candidate Name <b>MANDEL, JOSH, , ,</b>		Amount of Each Disbursement this Period 5.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: OH	District: 00	

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

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

23.00

**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 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. CITIZENS FOR JOSH MANDEL**

Full Name (Last, First, Middle Initial)

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001  
Category/  
Type

Candidate Name  
**MANDEL, JOSH, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: OH District: 00

Date of Disbursement  
MM / DD / YYYY  
06 / 30 / 2017

FEC Identification Number  
C00494930  
**Transaction ID : SB23.388408**  
Amount of Each Disbursement this Period  
100.00

Memo Item

**B. CITIZENS FOR JOSH MANDEL**

Full Name (Last, First, Middle Initial)

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement  
EARMARKED BY STEVE WISE ID# 23981

001  
Category/  
Type

Candidate Name  
**MANDEL, JOSH, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: OH District: 00

Date of Disbursement  
MM / DD / YYYY  
06 / 19 / 2017

FEC Identification Number  
C00494930  
**Transaction ID : SB23.388409**  
Amount of Each Disbursement this Period  
100.00

Memo Item

**C. HANDEL FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 4010 OLD MILTON PARKWAY

City ALPHARETTA State GA Zip Code 30005

Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001  
Category/  
Type

Candidate Name  
**HANDEL, KAREN, CHRISTINE, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2017  Primary  General  Other (specify) ▼  
State: GA District: 06 SP. GENERAL RUN-OFF

Date of Disbursement  
MM / DD / YYYY  
06 / 26 / 2017

FEC Identification Number  
C00633362  
**Transaction ID : SB23.388392**  
Amount of Each Disbursement this Period  
542.00

Memo Item

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

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

642.00

**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 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) <b>A. HANDEL FOR CONGRESS INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2017	
Mailing Address 4010 OLD MILTON PARKWAY		FEC Identification Number C C00633362 <b>Transaction ID : SB23.388393</b>	
City ALPHARETTA State GA Zip Code 30005	Purpose of Disbursement EARMARKED BY DALE STUART ID# 130075	Category/Type 001	Amount of Each Disbursement this Period 201.00
Candidate Name <b>HANDEL, KAREN, CHRISTINE, ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SP. GENERAL RUNOFF	<input checked="" type="checkbox"/> Memo Item
State: GA District: 06			

Full Name (Last, First, Middle Initial) <b>B. HANDEL FOR CONGRESS INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2017	
Mailing Address 4010 OLD MILTON PARKWAY		FEC Identification Number C C00633362 <b>Transaction ID : SB23.388394</b>	
City ALPHARETTA State GA Zip Code 30005	Purpose of Disbursement EARMARKED BY RUTH ECKERMAN ID# 137678	Category/Type 001	Amount of Each Disbursement this Period 25.00
Candidate Name <b>HANDEL, KAREN, CHRISTINE, ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SP. GENERAL RUNOFF	<input checked="" type="checkbox"/> Memo Item
State: GA District: 06			

Full Name (Last, First, Middle Initial) <b>C. HANDEL FOR CONGRESS INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2017	
Mailing Address 4010 OLD MILTON PARKWAY		FEC Identification Number C C00633362 <b>Transaction ID : SB23.388395</b>	
City ALPHARETTA State GA Zip Code 30005	Purpose of Disbursement EARMARKED BY MARY O'GWYNN ID# 149392	Category/Type 001	Amount of Each Disbursement this Period 50.00
Candidate Name <b>HANDEL, KAREN, CHRISTINE, ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SP. GENERAL RUNOFF	<input checked="" type="checkbox"/> Memo Item
State: GA District: 06			

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	0.00
<b>TOTAL</b> 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 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) <b>A. HANDEL FOR CONGRESS INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2017
Mailing Address 4010 OLD MILTON PARKWAY		FEC Identification Number C 00633362 <b>Transaction ID : SB23.388396</b>
City ALPHARETTA	State GA	Zip Code 30005
Purpose of Disbursement EARMARKED BY NANCY SWEATT ID# 30026		001 Category/Type
Candidate Name <b>HANDEL, KAREN, CHRISTINE, ,</b>		Amount of Each Disbursement this Period 25.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SP. GENERAL RUNOFF	<input checked="" type="checkbox"/> Memo Item
State: GA	District: 06	

Full Name (Last, First, Middle Initial) <b>B. HANDEL FOR CONGRESS INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2017
Mailing Address 4010 OLD MILTON PARKWAY		FEC Identification Number C 00633362 <b>Transaction ID : SB23.388397</b>
City ALPHARETTA	State GA	Zip Code 30005
Purpose of Disbursement EARMARKED BY KAREN HOBSON ID# 126688		001 Category/Type
Candidate Name <b>HANDEL, KAREN, CHRISTINE, ,</b>		Amount of Each Disbursement this Period 50.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SP. GENERAL RUNOFF	<input checked="" type="checkbox"/> Memo Item
State: GA	District: 06	

Full Name (Last, First, Middle Initial) <b>C. HANDEL FOR CONGRESS INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2017
Mailing Address 4010 OLD MILTON PARKWAY		FEC Identification Number C 00633362 <b>Transaction ID : SB23.388398</b>
City ALPHARETTA	State GA	Zip Code 30005
Purpose of Disbursement EARMARKED BY LAWRENCE HEDRICK ID# 149393		001 Category/Type
Candidate Name <b>HANDEL, KAREN, CHRISTINE, ,</b>		Amount of Each Disbursement this Period 7.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SP. GENERAL RUNOFF	<input checked="" type="checkbox"/> Memo Item
State: GA	District: 06	

**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 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. HANDEL FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address 4010 OLD MILTON PARKWAY

City ALPHARETTA State GA Zip Code 30005

Purpose of Disbursement  
EARMARKED BY JO ANN BAUGHMAN ID# 3376

Candidate Name  
**HANDEL, KAREN, CHRISTINE, ,**

Office Sought:  House  Senate  President  
State: GA District: 06

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼  
SP. GENERAL RUNOFF

Category/Type: 001

Date of Disbursement: MM / DD / YYYY  
06 / 19 / 2017

FEC Identification Number: C00633362  
Transaction ID : SB23.388399  
Amount of Each Disbursement this Period: 69.00

Memo Item

**B. HANDEL FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address 4010 OLD MILTON PARKWAY

City ALPHARETTA State GA Zip Code 30005

Purpose of Disbursement  
EARMARKED BY WENDY OLSON ID# 128364

Candidate Name  
**HANDEL, KAREN, CHRISTINE, ,**

Office Sought:  House  Senate  President  
State: GA District: 06

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼  
SP. GENERAL RUNOFF

Category/Type: 001

Date of Disbursement: MM / DD / YYYY  
06 / 19 / 2017

FEC Identification Number: C00633362  
Transaction ID : SB23.388400  
Amount of Each Disbursement this Period: 10.00

Memo Item

**C. HANDEL FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address 4010 OLD MILTON PARKWAY

City ALPHARETTA State GA Zip Code 30005

Purpose of Disbursement  
EARMARKED BY STEVE WISE ID# 23981

Candidate Name  
**HANDEL, KAREN, CHRISTINE, ,**

Office Sought:  House  Senate  President  
State: GA District: 06

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼  
SP. GENERAL RUNOFF

Category/Type: 001

Date of Disbursement: MM / DD / YYYY  
06 / 19 / 2017

FEC Identification Number: C00633362  
Transaction ID : SB23.388401  
Amount of Each Disbursement this Period: 100.00

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 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) <b>A. HANDEL FOR CONGRESS INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2017	
Mailing Address 4010 OLD MILTON PARKWAY		FEC Identification Number C 00633362 <b>Transaction ID : SB23.388402</b>	
City ALPHARETTA State GA Zip Code 30005	Purpose of Disbursement EARMARKED BY GREG REID ID# 126746 Category/Type 001	Amount of Each Disbursement this Period 5.00	
Candidate Name <b>HANDEL, KAREN, CHRISTINE, ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SP. GENERAL RUNOFF	
State: GA District: 06	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. RON DESANTIS FOR FLORIDA</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2017	
Mailing Address 133 S HARBOR DRIVE		FEC Identification Number C 00511568 <b>Transaction ID : SB23.387567</b>	
City VENICE State FL Zip Code 34285	Purpose of Disbursement VOID OF PREVIOUS - NOT RECEIVED BY COMMITTEE Category/Type 001	Amount of Each Disbursement this Period - 1000.00	
Candidate Name <b>DESANTIS, RONALD, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C	
City State Zip Code	Purpose of Disbursement Category/Type	Amount of Each Disbursement this Period	
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)..... ▶

- 1000.00

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

- 335.00

**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.**

**A. BANK OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES (NON-CONTRIBUTION ACCOUNT) Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 02 / 27 / 2017

FEC Identification Number C  
Transaction ID : SB29.387024  
Amount of Each Disbursement this Period 30.00

Memo Item

**B. BANK OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEE (NON-CONTRIBUTION ACCOUNT) Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 03 / 27 / 2017

FEC Identification Number C  
Transaction ID : SB29.387316  
Amount of Each Disbursement this Period 30.00

Memo Item

**C. BANK OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES (NON-CONTRIBUTION ACCOUNT) Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 04 / 28 / 2017

FEC Identification Number C  
Transaction ID : SB29.387357  
Amount of Each Disbursement this Period 30.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 90.00

**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

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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial) <b>A. BANK OF AMERICA</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2017
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.387561</b>
City CHARLOTTE	State NC	Zip Code 28202
Purpose of Disbursement PAC BANK FEES (NON-CONTRIBUTION ACCOUNT)		001 Category/Type
Candidate Name		Amount of Each Disbursement this Period 10.00
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. BANK OF AMERICA</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2017
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.387587</b>
City CHARLOTTE	State NC	Zip Code 28202
Purpose of Disbursement PAC BANK FEES (NON-CONTRIBUTION ACCOUNT)		001 Category/Type
Candidate Name		Amount of Each Disbursement this Period 30.00
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. BANK OF AMERICA</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2017
Mailing Address 100 N TRYON ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.387853</b>
City CHARLOTTE	State NC	Zip Code 28202
Purpose of Disbursement PAC BANK FEES (NON-CONTRIBUTION ACCOUNT)		001 Category/Type
Candidate Name		Amount of Each Disbursement this Period 3.00
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

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

43.00

**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.**

**A. BANK OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement PAC BANK FEES (NON-CONTRIBUTION ACCOUNT) Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 05 / 26 / 2017

FEC Identification Number C

Transaction ID : SB29.387855

Amount of Each Disbursement this Period 30.00

Memo Item

**B. 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 (NON-CONTRIBUTION ACCOUNT) Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 05 / 18 / 2017

FEC Identification Number C

Transaction ID : SB29.387566

Amount of Each Disbursement this Period 250.00

Memo Item

**C. 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 (NON-CONTRIBUTION ACCOUNT) Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 06 / 14 / 2017

FEC Identification Number C

Transaction ID : SB29.388182

Amount of Each Disbursement this Period 250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 530.00

**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

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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  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
06 / 03 / 2017

FEC Identification Number  
  
Transaction ID : **SB29.387901**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
06 / 14 / 2017

FEC Identification Number  
  
Transaction ID : **SB29.388180**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PROFESSIONAL DATA SERVICES**

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

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

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
02 / 27 / 2017

FEC Identification Number  
  
Transaction ID : **SB29.387161**  
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.**

**A. PROFESSIONAL DATA SERVICES**

Full Name (Last, First, Middle Initial)

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement PAC COMPLIANCE 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
0	5		1	1		2	0	1	7

FEC Identification Number  
  
**Transaction ID : SB29.387542**  
 Amount of Each Disbursement this Period

Memo Item

**B. REIGNITE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3653

City DUBLIN State OH Zip Code 43016

Purpose of Disbursement PAC E-MARKETING (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
0	3		0	9		2	0	1	7

FEC Identification Number  
  
**Transaction ID : SB29.387092**  
 Amount of Each Disbursement this Period

Memo Item

**C. THE PRINTING EXPRESS LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 21 WAREHOUSE ROAD

City HARRISONBURG State PA Zip Code 22801

Purpose of Disbursement PAC PRINTING (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
0	2		2	7		2	0	1	7

FEC Identification Number  
  
**Transaction ID : SB29.387023**  
 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) <b>A. THE PRINTING EXPRESS LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 27 / 2017
Mailing Address 21 WAREHOUSE ROAD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.387315</b> Amount of Each Disbursement this Period [REDACTED] 2500.00
City HARRISONBURG	State PA	Zip Code 22801
Purpose of Disbursement PAC PRINTING (NON-CONTRIBUTION ACCOUNT)		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>B. THE PRINTING EXPRESS LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2017
Mailing Address 21 WAREHOUSE ROAD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.387356</b> Amount of Each Disbursement this Period [REDACTED] 2500.00
City HARRISONBURG	State PA	Zip Code 22801
Purpose of Disbursement PAC DIRECT MAIL PRODUCTION (NON-CONTRIBUTION ACCOUNT)		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>C. THE PRINTING EXPRESS LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2017
Mailing Address 21 WAREHOUSE ROAD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.387854</b> Amount of Each Disbursement this Period [REDACTED] 2560.00
City HARRISONBURG	State PA	Zip Code 22801
Purpose of Disbursement PAC DIRECT MAIL PRODUCTION (NON-CONTRIBUTION ACCOUNT)		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 7560.00
<b>TOTAL</b> 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. THE RICHARD NORMAN COMPANY**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	5		2	0	1	7		

Mailing Address 113 EAST MARKET ST. STE. 300

FEC Identification Number

**C** [ ]

**Transaction ID : SB29.387564**  
Amount of Each Disbursement this Period

[ ] 4674.91

Memo Item

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement  
PAC DIRECT MAIL PRODUCTION (NON-CONTRIBUTION ACCOUNT)

**001**  
Category/  
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**B. THOMAS GRAPHICS INC.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		2	7		2	0	1	7		

Mailing Address PO BOX 14226

FEC Identification Number

**C** [ ]

**Transaction ID : SB29.387019**  
Amount of Each Disbursement this Period

[ ] 1751.36

Memo Item

City AUSTIN State TX Zip Code 78714

Purpose of Disbursement  
PAC DIRECT MAIL PRODUCTION (NON-CONTRIBUTION ACCOUNT)

**001**  
Category/  
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

FEC Identification Number

**C** [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

City State Zip Code

Purpose of Disbursement

[ ]  
Category/  
Type

Candidate Name

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

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

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

[ ] 6426.27

[ ] 22064.15