

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
MADISON PROJECT INC.

ADDRESS (number and street) PO BOX 66128  
 Check if different than previously reported. (ACC)  
WASHINGTON DC 20035 6128

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly 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 (12G)  
Election on 11 04 2008 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 10 01 2008 through 10 15 2008

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 SCOTT B MACKENZIE

Signature of Treasurer Electronically Filed by SCOTT B MACKENZIE Date 10 23 2008

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
MADISON PROJECT INC.

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		43764.95
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	30314.81									
(c) Total Receipts (from Line 19) .....	31194.92	471375.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	61509.73	515139.95								
7. Total Disbursements (from Line 31) .....	33970.03	487600.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	27539.70	27539.70								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	65422.33									

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: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

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	12350.00	153382.14
(i) Itemized (use Schedule A) .....	18844.92	315152.56
(ii) Unitemized .....	31194.92	468534.70
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	31194.92	468534.70
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	2840.30
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (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)) .....	31194.92	471375.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31194.92	471375.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	33970.03	487600.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	33970.03	487600.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	33970.03	487600.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33970.03	487600.25

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	31194.92	468534.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31194.92	468534.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	33970.03	487600.25
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	2840.30
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	33970.03	484759.95

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 29  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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.**

Full Name (Last, First, Middle Initial)  
MRS CARMEL M ALDERSON 462

Mailing Address 7510 MAISONS CT

City INDIANAPOLIS State IN Zip Code 46278

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 14 / 2008  
**Transaction ID: SA11AI.35827**  
 Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial)  
MARTHA L ASPLUNDH 190

Mailing Address PO BOX 26

City BRYN ATHYN State PA Zip Code 19009

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 07 / 2008  
**Transaction ID: SA11AI.35519**  
 Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
MARTHA L ASPLUNDH 190

Mailing Address PO BOX 26

City BRYN ATHYN State PA Zip Code 19009

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 10 / 07 / 2008  
**Transaction ID: SA11AI.35520**  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR HAROLD R BANNISTER 028

Mailing Address PO BOX 643

City State Zip Code  
BRISTOL RI 02809

FEC ID number of contributing federal political committee. C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2008

**Transaction ID:** SA11AI.35536

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JOHN H BAUMGARTNER 190, JR

Mailing Address 2886 HIGHLAND AVE

City State Zip Code  
BROOMALL PA 19008

FEC ID number of contributing federal political committee. C

Name of Employer

Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 13 / 2008

**Transaction ID:** SA11AI.35355

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
MR EUGENE W BECKER 610

Mailing Address 1008 S LOGAN ST APT 12

City State Zip Code  
LENA IL 61048

FEC ID number of contributing federal political committee. C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
412.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 07 / 2008

**Transaction ID:** SA11AI.34975

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 225.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 29  
(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 (Last, First, Middle Initial)  
MR JOHN BRANDT 557  
Mailing Address 2129 12TH AVENUE E  
City HIBBING State MN Zip Code 55746  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 10 / 07 / 2008  
Transaction ID: SA11AI.34948  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
MRS PATRICIA O' BRIEN 100  
Mailing Address 535 E 86TH ST # 20D  
City NEW YORK State NY Zip Code 10028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00  
Date of Receipt 10 / 03 / 2008  
Transaction ID: SA11AI.35501  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
MRS PATRICIA O' BRIEN 100  
Mailing Address 535 E 86TH ST # 20D  
City NEW YORK State NY Zip Code 10028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00  
Date of Receipt 10 / 13 / 2008  
Transaction ID: SA11AI.35500  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 400.00  
**TOTAL** This Period (last page this line number only) ..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 29
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS SUSAN VALERIA BRUNOFF 175		Date of Receipt																					
	Mailing Address 334 W CEDAR ST		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	6		2	0	0	8														
	City State Zip Code NEW HOLLAND PA 17557		<b>Transaction ID:</b> SA11AI.35615																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: NONE Occupation: RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2130.00		360.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) MR ROBERT J CALDWELL 341		Date of Receipt																					
	Mailing Address 1511 GALLEGH DR		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	8		2	0	0	8														
	City State Zip Code NAPLES FL 34102		<b>Transaction ID:</b> SA11AI.35762																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: NONE Occupation: RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		200.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) GLYNNA CARPENTER 730		Date of Receipt																					
	Mailing Address 1704 N WARD LN		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	7		2	0	0	8														
	City State Zip Code NEWCASTLE OK 73065		<b>Transaction ID:</b> SA11AI.35329																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: NONE Occupation: RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00		140.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	700.00
<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 10 / 29  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR JOHN CERVIN 210, JR

Mailing Address 514 SELLRUS CT

City State Zip Code  
FALLSTON MD 21047

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.35660

Amount of Each Receipt this Period  
40.00

**B.**

Full Name (Last, First, Middle Initial)  
MR PAUL DE CLEVA 752

Mailing Address 400 N SAINT PAUL ST

City State Zip Code  
DALLAS TX 75201

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.35073

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
CARL DANIELSEN 484

Mailing Address 4412 BROWN RD

City State Zip Code  
METAMORA MI 48455

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.35351

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **390.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 29
	<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.

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS MARJORIE DAVIS 043		Date of Receipt	
	Mailing Address 6 HUCKLEBERRY LN		M M / D D / Y Y Y Y Y 10 / 08 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.35542
	AUGUSTA	ME	04330	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS GAY GEORGE 852		Date of Receipt	
	Mailing Address 6041 N 51ST PL		M M / D D / Y Y Y Y Y 10 / 07 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.35143
	PARADISE VALLEY	AZ	85253	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		300.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR ROBERT J GILMORE 731		Date of Receipt	
	Mailing Address 3220 NW 54TH ST		M M / D D / Y Y Y Y Y 10 / 03 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.35393
	OKLAHOMA CITY	OK	73112	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<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 / 29
	<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

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.

<b>A.</b>	Full Name (Last, First, Middle Initial) MR RICHARD S GRIFFITH 705		Date of Receipt
	Mailing Address PO BOX 91610		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LAFAYETTE	LA	70509
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.35016
		Amount of Each Receipt this Period	
		<input type="text"/> 100.00	
Name of Employer RICHARD GRIFFITH		Occupation INVESTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR RICHARD S GRIFFITH 705		Date of Receipt
	Mailing Address PO BOX 91610		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LAFAYETTE	LA	70509
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.35017
		Amount of Each Receipt this Period	
		<input type="text"/> 500.00	
Name of Employer RICHARD GRIFFITH		Occupation INVESTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 900.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS SUSAN HAYES 809		Date of Receipt
	Mailing Address 1020 ALLEGHENY DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	COLORADO SPRINGS	CO	80919
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.35117
		Amount of Each Receipt this Period	
		<input type="text"/> 20.00	
Name of Employer LINGUIST		Occupation MISSIONARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 620.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 13 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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.** Full Name (Last, First, Middle Initial)  
MR C AL HOLDER 763

Mailing Address 2409 CLAYTON LN

City State Zip Code  
WICHITA FALLS TX 76308

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

**Transaction ID:** SA11AI.35081

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
MR PATRICK W KEMP 214

Mailing Address 2900 SHIPMASTER WAY APT 301

City State Zip Code  
ANNAPOLIS MD 21401

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

**Transaction ID:** SA11AI.35665

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MR JAMES KERNAN 134

Mailing Address 273 CLINTON ST

City State Zip Code  
WHITESBORO NY 13492

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** SA11AI.35599

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 29
	<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.** Full Name (Last, First, Middle Initial)  
MR CHARLES J KERSHAW 030, JR

Mailing Address 5 HAISE WAY

City MERRIMACK State NH Zip Code 03054

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

Name of Employer Occupation ASSISTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 13 / 2008

Transaction ID: SA11AI.35537

Amount of Each Receipt this Period 150.00

**B.** Full Name (Last, First, Middle Initial)  
MR GLEN LATHROP 744

Mailing Address RR 1 BOX 835

City WEBBERS FALLS State OK Zip Code 74470

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2008

Transaction ID: SA11AI.35061

Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
MR ALAN LOEFFLER 731

Mailing Address 500 W MAIN ST APT 512

City OKLAHOMA CITY State OK Zip Code 73102

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

Name of Employer FEDERAL CORP Occupation MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 07 / 2008

Transaction ID: SA11AI.35384

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 550.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 29  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MRS IRENE MALAKER 921

Mailing Address 11840 PASEO LUCIDO UNIT 61

City State Zip Code  
SAN DIEGO CA 92128

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35220

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
MR CHARLES Y MANDERFIELD 605

Mailing Address 4130 PARK AVE

City State Zip Code  
BROOKFIELD IL 60513

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1960.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.34972

Amount of Each Receipt this Period  
1800.00

**C.**

Full Name (Last, First, Middle Initial)  
MR CHARLES Y MANDERFIELD 605

Mailing Address 4130 PARK AVE

City State Zip Code  
BROOKFIELD IL 60513

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1985.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.34971

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2025.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 29  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MRS HELEN L MARSHALL 226

Mailing Address 827 SUSAN AVE

City State Zip Code  
WOODSTOCK VA 22664

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.35680

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
MISS MARY L MELTZER 139

Mailing Address 14 EDGECOMB RD

City State Zip Code  
BINGHAMTON NY 13905

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.35603

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
MISS MARGARET F MILLER 460

Mailing Address 13553 KENSINGTON PL

City State Zip Code  
CARMEL IN 46032

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35809

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**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 / 29
	<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.** Full Name (Last, First, Middle Initial)  
MISS MARGARET F MILLER 460

Mailing Address 13553 KENSINGTON PL

City State Zip Code  
CARMEL IN 46032

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.35810

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
MR RAYMOND C MJOLSNESS 875

Mailing Address 207 DOS BRAZOS ST

City State Zip Code  
LOS ALAMOS NM 87544

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.35173

Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
MS CLAUDIA E NESBITT 481

Mailing Address 12801 PROSPECT ST

City State Zip Code  
DEARBORN MI 48126

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.35373

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 29  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR DONALD NESETH 600

Mailing Address 1065 E VICTORY DR #132

City State Zip Code  
LINDENHURST IL 60046

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.34963

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR DAVID W NIESSNER 381

Mailing Address 1637 POPLAR OAKS CIR APT 4

City State Zip Code  
MEMPHIS TN 38120

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.35780

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
MR STEVE C PATTON 038

Mailing Address 2 SHIRLEY LN

City State Zip Code  
STRATHAM NH 03885

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

Name of Employer LIBERTY MUTUAL INSURANCE CO Occupation INSURANCE BROKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.35539

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 29  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR L L PENNEY 652

Mailing Address 1502 E BROADWAY STE 106

City State Zip Code  
COLUMBIA MO 65201

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** SA11AI.34995

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
MR NICHOLAS I PETERS 207

Mailing Address PO BOX 32

City State Zip Code  
BELTSVILLE MD 20704

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

**Transaction ID:** SA11AI.35648

Amount of Each Receipt this Period  
120.00

**C.**

Full Name (Last, First, Middle Initial)  
MR NICHOLAS I PETERS 207

Mailing Address PO BOX 32

City State Zip Code  
BELTSVILLE MD 20704

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
820.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

**Transaction ID:** SA11AI.35649

Amount of Each Receipt this Period  
190.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **610.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 29  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial)  
MR NICHOLAS I PETERS 207

Mailing Address PO BOX 32

City State Zip Code  
BELTSVILLE MD 20704

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 15 / 2008

**Transaction ID:** SA11AI.35647

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
MR GEORGE O PFAFF 288

Mailing Address 16 BEAVER CREEK LN

City State Zip Code  
ASHEVILLE NC 28804

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 09 / 2008

**Transaction ID:** SA11AI.35716

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS BETTIE SACCHI 906

Mailing Address 760 1/2 S MAPLE AVE

City State Zip Code  
MONTEBELLO CA 90640

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 07 / 2008

**Transaction ID:** SA11AI.35188

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

**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 21 / 29
	<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.**

Full Name (Last, First, Middle Initial)  
MR ALLEN H SIMON 852

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 NONE Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 13 / 2008  
**Transaction ID: SA11AI.35141**  
 Amount of Each Receipt this Period: 200.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS HELEN L SMITH 522

Mailing Address 5954 COUNTY ROAD X40

City ANAMOSIA State IA Zip Code 52205

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 10 / 14 / 2008  
**Transaction ID: SA11AI.34928**  
 Amount of Each Receipt this Period: 30.00

**C.**

Full Name (Last, First, Middle Initial)  
MISS CHARLENE SPRANKEL 625

Mailing Address 120 FENWAY DR

City DECATUR State IL Zip Code 62521

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 10 / 2008  
**Transaction ID: SA11AI.34981**  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 330.00

**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 22 / 29
	<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.**

Full Name (Last, First, Middle Initial)  
MR JAMES VAN VALKENBURG 190

Mailing Address 535 GRADYVILLE RD # B125

City State Zip Code  
NEWTOWN SQUARE PA 19073

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 8

**Transaction ID:** SA11AI.35627

Amount of Each Receipt this Period  
450.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS RUBY S WARREN 730

Mailing Address 4020 BLUESTEM CIR

City State Zip Code  
NORMAN OK 73072

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** SA11AI.35037

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JOHN S WELLES 462

Mailing Address 4110 UNITED CHURCH DR

City State Zip Code  
INDIANAPOLIS IN 46237

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

**Transaction ID:** SA11AI.35826

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 29  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

**A.**

Full Name (Last, First, Middle Initial) MISS JOSEPHINE E WOOD 245		Date of Receipt																					
Mailing Address 1400 ENTERPRISE DR #330N # 330		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	4	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	4	/	2	0	0	8														
City State Zip Code LYNCHBURG VA 24502		<b>Transaction ID:</b> SA11AI.35697																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00																					
Name of Employer FAIRFAX PUBLIC SCHOOLS	Occupation EDUCATOR																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00																						

**B.**

Full Name (Last, First, Middle Initial) MRS HARRIET YOUNG 922		Date of Receipt																					
Mailing Address 81910 ARUS AVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	8	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	8	/	2	0	0	8														
City State Zip Code INDIO CA 92201		<b>Transaction ID:</b> SA11AI.35222																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00																					
Name of Employer YOUNG & SONS NURSERY	Occupation BUSINESS OWNER																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	12350.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

A.	Full Name (Last, First, Middle Initial) BMW DIRECT INC	Transaction ID: SB21B.34890
	Mailing Address 1155 - 15TH ST, NW SUITE 410	Date of Disbursement 10 / 09 / 2008
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 5584.25
	Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name MADISON PROJECT INC.	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICES	Transaction ID: SB21B.34892
	Mailing Address 1155 - 15TH ST, NW SUITE 410	Date of Disbursement 10 / 01 / 2008
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 5222.05
	Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name MADISON PROJECT INC.	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICES	Transaction ID: SB21B.34893
	Mailing Address 1155 - 15TH ST, NW SUITE 410	Date of Disbursement 10 / 09 / 2008
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 285.69
	Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name MADISON PROJECT INC.	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11091.99</b>
<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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

A.	Full Name (Last, First, Middle Initial) CENTURY DATA SYSTEMS	Transaction ID: SB21B.34894 Date of Disbursement																			
	Mailing Address 1155 - 15TH ST, NW SUITE 410	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	8												
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DATA PROCESSING	<table border="1"><tr><td>1176.01</td></tr></table>	1176.01																		
1176.01																					
	Candidate Name MADISON PROJECT INC.	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) CENTURY DATA SYSTEMS	Transaction ID: SB21B.34895 Date of Disbursement																			
	Mailing Address 1155 - 15TH ST, NW SUITE 410	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	9		2	0	0	8												
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DATA PROCESSING	<table border="1"><tr><td>994.40</td></tr></table>	994.40																		
994.40																					
	Candidate Name MADISON PROJECT INC.	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) CONSOLIDATED MAILING SERVICES	Transaction ID: SB21B.34897 Date of Disbursement																			
	Mailing Address 504 SHAW ROAD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	9		2	0	0	8												
	City STERLING State VA Zip Code 20166	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<table border="1"><tr><td>4349.50</td></tr></table>	4349.50																		
4349.50																					
	Candidate Name MADISON PROJECT INC.	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>6519.91</td></tr></table>	6519.91
6519.91		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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)

PAGE 26 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b>	Full Name (Last, First, Middle Initial) LEGACY LIST MANAGEMENT INC  Mailing Address 1155 - 15TH ST, NW SUITE 410  City WASHINGTON State DC Zip Code 20005  Purpose of Disbursement LIST RENTALS Candidate Name MADISON PROJECT INC. Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.34898 Date of Disbursement 10 / 01 / 2008	Amount of Each Disbursement this Period 4828.29
<b>B.</b>	Full Name (Last, First, Middle Initial) LEGACY LIST MANAGEMENT INC  Mailing Address 1155 - 15TH ST, NW SUITE 410  City WASHINGTON State DC Zip Code 20005  Purpose of Disbursement LIST RENTALS Candidate Name MADISON PROJECT INC. Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.34899 Date of Disbursement 10 / 09 / 2008	Amount of Each Disbursement this Period 10125.94
<b>C.</b>	Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU  Mailing Address 4128 PEPSI PL  City CHANTILLY State VA Zip Code 20151  Purpose of Disbursement CAGING & ESCROW SERVICES Candidate Name MADISON PROJECT INC. Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.34900 Date of Disbursement 10 / 09 / 2008	Amount of Each Disbursement this Period 1403.90

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

16358.13

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

33970.03

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> BMW DIRECT INC			Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR TMP
Mailing Address 1155 - 15TH ST, NW SUITE 410			
City	State	ZIP Code	
WASHINGTON	DC	20005	

Outstanding Balance Beginning This Period		Transaction ID: SD10.6951	
29580.86			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
465.17	5584.25	24461.78	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> CENTURY DATA MAILING SERVICES			Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR TMP
Mailing Address 1155 - 15TH ST, NW SUITE 410			
City	State	ZIP Code	
WASHINGTON	DC	20005	

Outstanding Balance Beginning This Period		Transaction ID: SD10.6956	
14596.80			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
8886.09	5507.74	17975.15	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> CENTURY DATA SYSTEMS			Nature of Debt (Purpose): DATA PROCESSING
Mailing Address 1155 - 15TH ST, NW SUITE 410			
City	State	ZIP Code	
WASHINGTON	DC	20005	

Outstanding Balance Beginning This Period		Transaction ID: SD10.6952	
3754.19			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	2170.41	1583.78	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	44020.71
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> CONSOLIDATED MAILING SERVICES			Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING
Mailing Address 504 SHAW ROAD			
City STERLING	State VA	ZIP Code 20166	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID:</b> SD10.34896	
Amount Incurred This Period <input type="text" value="8374.00"/>	Payment This Period <input type="text" value="4349.50"/>	Outstanding Balance at Close of This Period <input type="text" value="4024.50"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> ELECTRONIC REPORTING SYSTEMS INC			Nature of Debt (Purpose): ELECTRONIC DISCLOSURE REPORTING
Mailing Address 683 BERRYVILLE AVE			
City WINCHESTER	State VA	ZIP Code 22601	

Outstanding Balance Beginning This Period <input type="text" value="1494.20"/>		<b>Transaction ID:</b> SD10.23487	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1494.20"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> INTEGRAM			Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING
Mailing Address 8421 HILLTOP ROAD			
City FAIRFAX	State VA	ZIP Code 22031	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID:</b> SD10.34901	
Amount Incurred This Period <input type="text" value="3610.42"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3610.42"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="9129.12"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
MADISON PROJECT INC.

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor LEGACY LIST MANAGEMENT INC	Nature of Debt (Purpose): LIST RENTALS
Mailing Address 1155 - 15TH ST, NW SUITE 410	
City State ZIP Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 27126.73	<b>Transaction ID: SD10.6955</b>	
Amount Incurred This Period 0.00	Payment This Period 14954.23	Outstanding Balance at Close of This Period 12172.50

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor WASHINGTON INTELLIGENCE BUREAU	Nature of Debt (Purpose): MONEY PROCESSING & ESCROW
Mailing Address 4128 PEPSI PL	
City State ZIP Code CHANTILLY VA 20151	

Outstanding Balance Beginning This Period 1503.90	<b>Transaction ID: SD10.6958</b>	
Amount Incurred This Period 0.00	Payment This Period 1403.90	Outstanding Balance at Close of This Period 100.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	12272.50
2) <b>TOTALS</b> This Period (last page this line number only).....	65422.33
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	65422.33