

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Madison Action Fund

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="10615.10"/>	<input type="text" value="10615.10"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="35535.10"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="90450.00"/>	<input type="text" value="165450.00"/>
(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="125985.10"/>	<input type="text" value="176065.10"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="67100.00"/>	<input type="text" value="117180.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="58885.10"/>	<input type="text" value="58885.10"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Madison Action Fund

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	81202.00	156202.00
(ii) Unitemized	9248.00	9248.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	90450.00	165450.00
(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)	90450.00	165450.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	90450.00	165450.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	90450.00	165450.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	130.00	13245.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	130.00	13245.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	66970.00	103935.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	67100.00	117180.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67100.00	117180.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	90450.00	165450.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	90450.00	165450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	130.00	13245.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	130.00	13245.00

**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 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Madison Action Fund

A. William Allen
Full Name (Last, First, Middle Initial)

Mailing Address 2090 Los Altos Ave

City Clovis	State CA	Zip Code 93611
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FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : SA11AI.4476

Amount of Each Receipt this Period
 375.00

B. Joseph Barnett
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 193

City Palos Verdes Estates	State CA	Zip Code 90274
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FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : SA11AI.4612

Amount of Each Receipt this Period
 1000.00

C. James Blatchford
Full Name (Last, First, Middle Initial)

Mailing Address 611 Andover Rd

City Newtown Square	State PA	Zip Code 19073
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FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : SA11AI.4542

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1675.00
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 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Action Fund

Full Name (Last, First, Middle Initial) A. Giuseppe Cecchi		Date of Receipt
Mailing Address 1209 Aldebaran Dr		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City McLean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4512
Name of Employer Information Requested		Amount of Each Receipt this Period
Occupation Information Requested		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. Byron Crocker		Date of Receipt
Mailing Address 2025 Hanover Cir		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Beaumont	State TX	Zip Code 77706
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4582
Name of Employer Information Requested		Amount of Each Receipt this Period
Occupation Information Requested		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) C. Richard Dunn		Date of Receipt
Mailing Address 444 Poplar Leaf Dr		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Edgewater	State MD	Zip Code 21037
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4632
Name of Employer Information Requested		Amount of Each Receipt this Period
Occupation Information Requested		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1000.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2500.00"/>
TOTAL 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 8 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Madison Action Fund

Full Name (Last, First, Middle Initial)
A. Dale Everhart

Mailing Address 136 Piper Rd

City Newfield State NY Zip Code 14867

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

Name of Employer Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : SA11AI.4566

Amount of Each Receipt this Period
350.00

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

Mailing Address PO Box 35200

City Las Vegas State NV Zip Code 89133

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

Name of Employer Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : SA11AI.4464

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Kay Finlay

Mailing Address 10 La Cerra Cir

City Rancho Mirage State CA Zip Code 92270

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

Name of Employer Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : SA11AI.4416

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00

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 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Action Fund

Full Name (Last, First, Middle Initial) A. Harold Gilmore		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 Transaction ID : SA11AI.4562
Mailing Address 3665 S County Road 300 E		Amount of Each Receipt this Period 602.00
City Liberty	State IN	Zip Code 47353
FEC ID number of contributing federal political committee. C	Name of Employer Information Requested	Occupation Information Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 602.00	

Full Name (Last, First, Middle Initial) B. Justin Hawthorne		Date of Receipt MM / DD / YYYY 05 / 28 / 2014 Transaction ID : SA11AI.4488
Mailing Address 5422 Carmel Ct		Amount of Each Receipt this Period 350.00
City Tyler	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	Name of Employer Information Requested	Occupation Information Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Cary Katz		Date of Receipt MM / DD / YYYY 05 / 02 / 2014 Transaction ID : SA11AI.4378
Mailing Address 9021 Grove Crest Ln		Amount of Each Receipt this Period 20000.00
City Las Vegas	State NV	Zip Code 89134
FEC ID number of contributing federal political committee. C	Name of Employer College Loan Corporation	Occupation CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 95000.00	

SUBTOTAL of Receipts This Page (optional).....▶	20952.00
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 10 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Madison Action Fund

Full Name (Last, First, Middle Initial)
A. Bobby Limmer

Mailing Address 1263 County Road 102

City Llano State TX Zip Code 78643

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : SA11AI.4578

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. William Masters

Mailing Address PO Box 742

City Grandview State TX Zip Code 76050

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : SA11AI.4650

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Harold McDonald

Mailing Address 1924 Marconi Cir

City Annapolis State MD Zip Code 21401

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : SA11AI.4530

Amount of Each Receipt this Period
270.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1070.00

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 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Action Fund

A. Jean Mitchell
Full Name (Last, First, Middle Initial)
Mailing Address 541 Yaronia Dr N
City Columbus State OH Zip Code 43214
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested
Occupation Information Requested
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2014
Transaction ID : SA11AI.4628
Amount of Each Receipt this Period
350.00

B. Claire Rains
Full Name (Last, First, Middle Initial)
Mailing Address 420 41st Ave
City San Francisco State CA Zip Code 94121
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested
Occupation Information Requested
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2014
Transaction ID : SA11AI.4592
Amount of Each Receipt this Period
350.00

C. Dorothy Roberts
Full Name (Last, First, Middle Initial)
Mailing Address 1970 Lemon Ranch Rd
City Santa Barbara State CA Zip Code 93108
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested
Occupation Information Requested
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2014
Transaction ID : SA11AI.4554
Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Action Fund

Full Name (Last, First, Middle Initial)
A. Grant Rodkey

Mailing Address 24 Marcia Rd

City Watertown State MA Zip Code 02472

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

Name of Employer Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : SA11AI.4418

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Norman St Louis

Mailing Address 2725 Glencroft Rd

City Vienna State VA Zip Code 22181

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

Name of Employer Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : SA11AI.4508

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. Donald Surgeon

Mailing Address PO Box 363

City Jerseyville State IL Zip Code 62052

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

Name of Employer Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : SA11AI.4642

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Madison Action Fund

Full Name (Last, First, Middle Initial) A. Nicholas Thompson		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 Transaction ID : SA11AI.4532
Mailing Address 3020 Blue Mountain Ct		Amount of Each Receipt this Period 225.00
City Loveland	State CO	Zip Code 80537
FEC ID number of contributing federal political committee. C	Name of Employer Information Requested	Occupation Information Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Keturah Thunder-Haab		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 Transaction ID : SA11AI.4580
Mailing Address 436 Pine Brae St		Amount of Each Receipt this Period 220.00
City Ann Arbor	State MI	Zip Code 48105
FEC ID number of contributing federal political committee. C	Name of Employer Information Requested	Occupation Information Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Richard Uihlein		Date of Receipt MM / DD / YYYY 05 / 10 / 2014 Transaction ID : SA11AI.4385
Mailing Address 1396 N. Waukegan road		Amount of Each Receipt this Period 50000.00
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C	Name of Employer Uline Corporation	Occupation Executive
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	

SUBTOTAL of Receipts This Page (optional).....▶	50445.00
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 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Action Fund

A. Robert Vincent
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 7340
City Amarillo State TX Zip Code 79114
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 28 / 2014
Transaction ID : SA11AI.4436
Amount of Each Receipt this Period
250.00

B. Richard Voell
Full Name (Last, First, Middle Initial)
Mailing Address 25 Pilot Rock Ln
City Riverside State CT Zip Code 06878
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
05 / 29 / 2014
Transaction ID : SA11AI.4506
Amount of Each Receipt this Period
300.00

C. William Wallace
Full Name (Last, First, Middle Initial)
Mailing Address 195 Sunrise Hill Cir
City Orange State CT Zip Code 06477
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00

Date of Receipt
05 / 30 / 2014
Transaction ID : SA11AI.4626
Amount of Each Receipt this Period
510.00

SUBTOTAL of Receipts This Page (optional).....▶	1060.00
TOTAL This Period (last page this line number only).....▶	81202.00

**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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Madison Action Fund

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622

Purpose of Disbursement
PAC Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : SB21B.4387

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622

Purpose of Disbursement
PAC Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2014

Transaction ID : SB21B.4405

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

50.00

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

50.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Surge Data Technologies	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2014
Mailing Address 1550 Old Annetta Rd	Amount 2500.00
City Alledo State TX Zip Code 76008	Transaction ID : SE.4401 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2014
Purpose of Expenditure Robo Calls	Category/Type 001
Name of Federal Candidate BRYAN SMITH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: ID
Calendar Year-To-Date Per Election for Office Sought 40510.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Surge Data Technologies	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 26 / 2014
Mailing Address 1550 Old Annetta Rd	Amount 3125.00
City Alledo State TX Zip Code 76008	Transaction ID : SE.4663 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 26 / 2014
Purpose of Expenditure Robo Calls	Category/Type 001
Name of Federal Candidate JOHN LEE RATCLIFFE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 State: TX
Calendar Year-To-Date Per Election for Office Sought 3125.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5625.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Paul Kilgore
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Universal Media	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014
Mailing Address 4999 Louise Drive	Amount 20000.00
City Mechanicsburg State PA Zip Code 17055	Transaction ID : SE.4376
Purpose of Expenditure Media	Date of Disbursement or Obligation MM / DD / YYYY 05 / 06 / 2014
Name of Federal Candidate SID DINSDALE	<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Universal Media	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 15 / 2014
Mailing Address 4999 Louise Drive	Amount 20000.00
City Mechanicsburg State PA Zip Code 17055	Transaction ID : SE.4388
Purpose of Expenditure PAC Media Buy	Date of Disbursement or Obligation MM / DD / YYYY 05 / 14 / 2014
Name of Federal Candidate THAD COCHRAN	<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	40000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Paul Kilgore [Electronically Filed] Date 06 / 18 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Universal Media	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2014
Mailing Address 4999 Louise Drive	Amount 20000.00
City State Zip Code Mechanicsburg PA 17055	Transaction ID : SE.4397
Purpose of Expenditure Media	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2014
Name of Federal Candidate THAD COCHRAN	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought 40000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	66970.00

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

Paul Kilgore
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2014