

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 MADISON PROJECT INC.

ADDRESS (number and street) PO BOX 655 ALEDO TX 76008

2. FEC IDENTIFICATION NUMBER C C00298000 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 05 / 01 / 2016 through 05 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PAUL A KILGORE

Signature of Treasurer PAUL A KILGORE [Electronically Filed] Date 06 / 20 / 2016

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

**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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		19305.16
(b) Cash on Hand at Beginning of Reporting Period.....	64543.07	
(c) Total Receipts (from Line 19) .....	22014.05	270596.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	86557.12	289901.56
7. Total Disbursements (from Line 31).....	41049.45	244393.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	45507.67	45507.67
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) .....	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 PROJECT INC.**

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).....	5617.00	30824.00
(ii) Unitemized .....	16397.05	108521.83
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22014.05	139345.83
(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) .....	22014.05	139345.83
12. Transfers From Affiliated/Other Party Committees.....	0.00	1122.28
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	128.29
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	130000.00
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))..... ▶	22014.05	270596.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22014.05	270596.40

**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 .....	32957.15	148568.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	32957.15	148568.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4326.00	15246.00
24. Independent Expenditures (use Schedule E) .....	41.30	17762.30
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	1895.00
(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	1895.00
29. Other Disbursements .....	3725.00	60921.96
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)) ..	41049.45	244393.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41049.45	244393.89

**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) .....	22014.05	139345.83
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1895.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22014.05	137450.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	32957.15	148568.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	128.29
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	32957.15	148440.34

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

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

FOR LINE NUMBER: PAGE 6 OF 36  
(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. ROBERT BRESSLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 CARSWELL CT  
 City BASKING RIDGE State NJ Zip Code 07920  
 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 M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2016  
**Transaction ID : SA11AI.382920**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. ALLEN BURT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13715 N WILD HAZEL LN  
 City MARANA State AZ Zip Code 85658  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2016  
**Transaction ID : SA11AI.382914**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. BERNARD CESTONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 720 W 22ND ST  
 City UPLAND State CA Zip Code 91784  
 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 ▼ 100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2016  
**Transaction ID : SA11AI.382964**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 EM-BLUM-TRANS20160531

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**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 7 OF 36
	<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. LEROY COX**  
Full Name (Last, First, Middle Initial)

Mailing Address 39463 MANORGATE RD

City PALM DESERT State CA Zip Code 92211

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 ▼ 205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2016  
**Transaction ID : SA11AI.382667**

Amount of Each Receipt this Period  
 80.00

Memo Item

**B. ALOYSIUS GOBLIRSCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 9738 221ST AVE NW

City ELK RIVER State MN Zip Code 55330

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 ▼ 760.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2016  
**Transaction ID : SA11AI.382594**

Amount of Each Receipt this Period  
 25.00

Memo Item

**C. DONALD GREEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 5915 ELDERGARDENS ST

City SAN DIEGO State CA Zip Code 92120

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

Name of Employer SELF EMPLOYED Occupation PODIATRY

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 / 12 / 2016  
**Transaction ID : SA11AI.382871**

Amount of Each Receipt this Period  
 200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	305.00
<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 8 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A. MARILYN GREENE**  
Full Name (Last, First, Middle Initial)

Mailing Address 39368 LONGHILL LN

City ALDIE State VA Zip Code 20105

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

Name of Employer TURNER JONES & ASSOC PLLC Occupation STAFA ACCOUNTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2016  
**Transaction ID : SA11AI.382404**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 EM-BRIDENSTINE-TRANS20160503

**B. MARILYN GREENE**  
Full Name (Last, First, Middle Initial)

Mailing Address 39368 LONGHILL LN

City ALDIE State VA Zip Code 20105

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

Name of Employer TURNER JONES & ASSOC PLLC Occupation STAFA ACCOUNTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2016  
**Transaction ID : SA11AI.382390**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 EM-BANKS-TRANS20160503

**C. MARILYN GREENE**  
Full Name (Last, First, Middle Initial)

Mailing Address 39368 LONGHILL LN

City ALDIE State VA Zip Code 20105

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

Name of Employer TURNER JONES & ASSOC PLLC Occupation STAFA ACCOUNTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2016  
**Transaction ID : SA11AI.382407**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 EM-STUTZMAN-TRANS20160503

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 36
	<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. J. KERN HAMILTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 BLOSSOM HILL RD UNIT E324

City	State	Zip Code
LOS GATOS	CA	95032

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 M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2016

**Transaction ID : SA11AI.382808**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. KENNETH JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2165 STOPPER DR

City	State	Zip Code
MONTOURSVILLE	PA	17754

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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2016

**Transaction ID : SA11AI.382819**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. LAURA KELLY**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 WINEBERRY WAY

City	State	Zip Code
GREENVILLE	SC	29615

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 ▼  
50.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2016

**Transaction ID : SA11AI.382885**

Amount of Each Receipt this Period  
50.00

Memo Item  
EM-BRIDENSTINE-TRANS20160516

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 36
	<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. LAURA KELLY**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 WINEBERRY WAY

City GREENVILLE State SC Zip Code 29615

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 ▼  
100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2016

**Transaction ID : SA11AI.382886**

Amount of Each Receipt this Period  
50.00

Memo Item  
EM-LEE-TRANS20160516

**B. ANNE PERRI**  
Full Name (Last, First, Middle Initial)

Mailing Address 4975 SW 65TH AVE

City PORTLAND State OR Zip Code 97221

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

Name of Employer BEST BUY IN TOWN Occupation TREASURER

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 / 18 / 2016

**Transaction ID : SA11AI.382937**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. MR. GREG REID**  
Full Name (Last, First, Middle Initial)

Mailing Address 150 SCOTT LANE

City PRATTVILLE State AL Zip Code 36066

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

Name of Employer BB&T Occupation IT SYSTEMS CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2016

**Transaction ID : SA11AI.382403**

Amount of Each Receipt this Period  
5.00

Memo Item  
EM-BRIDENSTINE-TRANS20160503

<b>SUBTOTAL</b> of Receipts This Page (optional).....	355.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 36
	<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. CHARLES SHEPARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1951 BURGUNDY DR  
 City PAHRUMP State NV Zip Code 89048  
 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 ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2016  
**Transaction ID : SA11AI.382795**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. PETER F. SHERIDAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 E 23 ST  
 City LONG BEACH TWSP State NJ Zip Code 08008  
 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 ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2016  
**Transaction ID : SA11AI.382907**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. CATHERINE SHORT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2967 S ATLANTIC AVE APT 1107  
 City DAYTONA BEACH State FL Zip Code 32118  
 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 ▼ 430.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2016  
**Transaction ID : SA11AI.382530**  
 Amount of Each Receipt this Period  
 230.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	305.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 36
	<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. HELEN W. SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 221780

City ST LOUIS State MO Zip Code 63122

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 02 / 2016  
Transaction ID : SA11AI.382457

Amount of Each Receipt this Period  
500.00

Memo Item

**B. MS KATHRYN A STAHMANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 42 N TANGLEWOOD SPUR

City SEDONA State AZ Zip Code 86351

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 ▼  
427.00

Date of Receipt  
05 / 11 / 2016  
Transaction ID : SA11AI.382805

Amount of Each Receipt this Period  
122.00

Memo Item

**C. GEORGE SUTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2580 GREENWOOD ACRES DR

City DEKALB State IL Zip Code 60115

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 ▼  
500.00

Date of Receipt  
05 / 11 / 2016  
Transaction ID : SA11AI.382762

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1122.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 36
	<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.**

Full Name (Last, First, Middle Initial)  
**A. LAUREN TYSSSEN**

Mailing Address 5413 W BROWN ST

City PASCO State WA Zip Code 99301

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 ▼  
245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2016

**Transaction ID : SA11AI.382881**

Amount of Each Receipt this Period  
70.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. RICHARD VOELL**

Mailing Address 13611 DEERING BAY DRIVE

City CORAL GABLES State FL Zip Code 33158

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 ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2016

**Transaction ID : SA11AI.382574**

Amount of Each Receipt this Period  
1500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. ANNIE WEEKS**

Mailing Address 3411 ROCK LN

City IRONDALE State AL Zip Code 35210

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 ▼  
295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2016

**Transaction ID : SA11AI.382518**

Amount of Each Receipt this Period  
60.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1630.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)  
**A. LARRY WEIDIG**

Mailing Address 3819 S 18TH ST

City SHEBOYGAN	State WI	Zip Code 53081
-------------------	-------------	-------------------

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 Y  
 05 / 12 / 2016  
**Transaction ID : SA11AI.382862**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. DONALD WINTER**

Mailing Address 7712 APPLE MILL PL

City LOUISVILLE	State KY	Zip Code 40228
--------------------	-------------	-------------------

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

Name of Employer 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 Y  
 05 / 05 / 2016  
**Transaction ID : SA11AI.382512**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	5617.00

**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.**

Full Name (Last, First, Middle Initial)

**A. A3K ADVERTISING INC.**

Mailing Address 1101 WAYLAND DR

City ARLINGTON State TX Zip Code 76012

Purpose of Disbursement  
PAC ADVERTISING

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.382960**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ALLEGIANCE DIRECT LLC**

Mailing Address 115 N KING ST STE 205

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement  
PAC DIRECT MAIL PRODUCTION

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.382508**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ALLEGIANCE DIRECT LLC**

Mailing Address 115 N KING ST STE 205

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement  
PAC DIRECT MAIL PRODUCTION

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.382963**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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.**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address THIRD STREET, SUITE 2B

City State Zip Code  
BATON ROUGE LA 70801

Purpose of Disbursement  
PAC CC TRANSACTION FEES

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.382410**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. AT&T INC.**

Mailing Address 208 S AKARD ST

City State Zip Code  
DALLAS TX 75202

Purpose of Disbursement  
PAC TELEPHONE

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.382484**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. AT&T INC.**

Mailing Address 208 S AKARD ST

City State Zip Code  
DALLAS TX 75202

Purpose of Disbursement  
PAC TELEPHONE

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B.382967**

Amount of Each Disbursement this Period

Memo Item

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

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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.**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement  
PAC BANK FEES

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 04 / 2016

Transaction ID : SB21B.382507

Amount of Each Disbursement this Period

30.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement  
PAC BANK FEES

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2016

Transaction ID : SB21B.382895

Amount of Each Disbursement this Period

12.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement  
PAC BANK FEES

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 25 / 2016

Transaction ID : SB21B.382962

Amount of Each Disbursement this Period

30.00

Memo Item

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

72.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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.**

Full Name (Last, First, Middle Initial)

**A. ELECTEK**

Mailing Address PO BOX 23715

City CHAGRIN FALLS State OH Zip Code 44023

Purpose of Disbursement  
PAC SOFTWARE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.382509**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. GOBER HILGERS PLLC**

Mailing Address 2101 CEDAR SPRINGS RD STE 1050  
SUITE 1050

City DALLAS State TX Zip Code 75201

Purpose of Disbursement  
PAC LEGAL FEES

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.382897**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. MAILCHIMP**

Mailing Address 512 MEANS ST NW STE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement  
PAC E-MARKETING

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.382892**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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.**

Full Name (Last, First, Middle Initial)

**A. MEDIA TEMPLE**

Mailing Address 8520 NATIONAL BLVD BLDG A

City State Zip Code  
CULVER CITY CA 90232

Purpose of Disbursement  
PAC WEB HOSTING

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.382894**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYCHEX**

Mailing Address 911 PANORAMA TRAIL S.

City State Zip Code  
ROCHESTER NY 14625

Purpose of Disbursement  
PAC PAYROLL TAXES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.382677**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PAYCHEX**

Mailing Address 911 PANORAMA TRAIL S.

City State Zip Code  
ROCHESTER NY 14625

Purpose of Disbursement  
PAC PAYROLL SERVICE FEES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.382678**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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.**

Full Name (Last, First, Middle Initial)

**A. PROFESSIONAL DATA SERVICES**

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement  
PAC COMPLIANCE CONSULTING

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.382898**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. JIM RYUN**

Mailing Address 132 D ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAC STAFF SALARY

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.382676**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. UNITED STATES POSTAL OFFICE**

Mailing Address 220 N HATCHER AVE

City PURCELLVILLE State VA Zip Code 20132

Purpose of Disbursement  
PAC POSTAGE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.382955**

Amount of Each Disbursement this Period

Memo Item

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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.**

Full Name (Last, First, Middle Initial)

**A. UNITED STATES POSTAL OFFICE**

Date of Disbursement: MM / DD / YYYY  
05 / 27 / 2016

Mailing Address: 220 N HATCHER AVE

City: PURCELLVILLE      State: VA      Zip Code: 20132

Purpose of Disbursement: PAC POSTAGE

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State:      District:

Transaction ID : **SB21B.382966**

Amount of Each Disbursement this Period: 12.90

Memo Item

Category/Type: 001

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement: MM / DD / YYYY

Mailing Address:

City:      State:      Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State:      District:

Amount of Each Disbursement this Period:

Memo Item

Category/Type:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement: MM / DD / YYYY

Mailing Address:

City:      State:      Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State:      District:

Amount of Each Disbursement this Period:

Memo Item

Category/Type:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 12.90

**TOTAL** This Period (last page this line number only)..... ▶ 32697.71

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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.**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JIM BRIDENSTINE INC**

Mailing Address PMB 230  
8086 SOUTH YALE

City TULSA State OK Zip Code 74136

Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Candidate Name  
**JAMES FREDERICK BRIDENSTINE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OK District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : SB23.382491

Amount of Each Disbursement this Period

426.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM BRIDENSTINE INC**

Mailing Address PMB 230  
8086 SOUTH YALE

City TULSA State OK Zip Code 74136

Purpose of Disbursement  
EARMARKED BY GARY BURNS ID# 148193

001

Candidate Name  
**JAMES FREDERICK BRIDENSTINE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OK District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 28 / 2016

Transaction ID : SB23.382492

Amount of Each Disbursement this Period

11.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JIM BRIDENSTINE INC**

Mailing Address PMB 230  
8086 SOUTH YALE

City TULSA State OK Zip Code 74136

Purpose of Disbursement  
EARMARKED BY MICHAEL NOTZON ID# 36355

001

Candidate Name  
**JAMES FREDERICK BRIDENSTINE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OK District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 28 / 2016

Transaction ID : SB23.382493

Amount of Each Disbursement this Period

50.00

Memo Item

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

426.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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.**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JIM BRIDENSTINE INC**

Mailing Address PMB 230  
8086 SOUTH YALE

City TULSA State OK Zip Code 74136

Purpose of Disbursement  
EARMARKED BY RICHARD SHARP ID# 35577

001

Candidate Name  
**JAMES FREDERICK BRIDENSTINE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OK District: 01

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : SB23.382494

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM BRIDENSTINE INC**

Mailing Address PMB 230  
8086 SOUTH YALE

City TULSA State OK Zip Code 74136

Purpose of Disbursement  
EARMARKED BY JAMES TEEGERSTROM ID# 35196

001

Candidate Name  
**JAMES FREDERICK BRIDENSTINE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OK District: 01

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : SB23.382495

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JIM BRIDENSTINE INC**

Mailing Address PMB 230  
8086 SOUTH YALE

City TULSA State OK Zip Code 74136

Purpose of Disbursement  
EARMARKED BY RICHARD OLIVER ID# 41553

001

Candidate Name  
**JAMES FREDERICK BRIDENSTINE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OK District: 01

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : SB23.382496

Amount of Each Disbursement this Period

25.00

Memo Item

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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.**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JIM BRIDENSTINE INC**

Mailing Address PMB 230  
8086 SOUTH YALE

City TULSA State OK Zip Code 74136

Purpose of Disbursement  
EARMARKED BY RAFAEL GUASTAVINO ID# 15518

001  
Category/  
Type

Candidate Name  
**JAMES FREDERICK BRIDENSTINE**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OK District: 01

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : SB23.382497

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM BRIDENSTINE INC**

Mailing Address PMB 230  
8086 SOUTH YALE

City TULSA State OK Zip Code 74136

Purpose of Disbursement  
EARMARKED BY GLEN HAAS ID# 130071

001  
Category/  
Type

Candidate Name  
**JAMES FREDERICK BRIDENSTINE**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OK District: 01

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : SB23.382498

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JIM BRIDENSTINE INC**

Mailing Address PMB 230  
8086 SOUTH YALE

City TULSA State OK Zip Code 74136

Purpose of Disbursement  
EARMARKED BY MILTON HORST ID# 128710

001  
Category/  
Type

Candidate Name  
**JAMES FREDERICK BRIDENSTINE**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OK District: 01

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2016

Transaction ID : SB23.382499

Amount of Each Disbursement this Period

30.00

Memo Item

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

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

0.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 36			
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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.**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JIM BRIDENSTINE INC</b>		Date of Disbursement MM / DD / YYYY <b>04 / 29 / 2016</b>
Mailing Address PMB 230 8086 SOUTH YALE		<b>Transaction ID : SB23.382500</b>
City TULSA	State OK	Zip Code 74136
Purpose of Disbursement EARMARKED BY NANCY SWEATT ID# 30026	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 25.00
Candidate Name <b>JAMES FREDERICK BRIDENSTINE</b>	Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OK District: 01		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JIM BRIDENSTINE INC</b>		Date of Disbursement MM / DD / YYYY <b>04 / 29 / 2016</b>
Mailing Address PMB 230 8086 SOUTH YALE		<b>Transaction ID : SB23.382501</b>
City TULSA	State OK	Zip Code 74136
Purpose of Disbursement EARMARKED BY SCOTT ZIERMAN ID# 148225	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 10.00
Candidate Name <b>JAMES FREDERICK BRIDENSTINE</b>	Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OK District: 01		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JIM BRIDENSTINE INC</b>		Date of Disbursement MM / DD / YYYY <b>04 / 29 / 2016</b>
Mailing Address PMB 230 8086 SOUTH YALE		<b>Transaction ID : SB23.382502</b>
City TULSA	State OK	Zip Code 74136
Purpose of Disbursement EARMARKED BY DOLORES O'CONNOR ID# 131266	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 50.00
Candidate Name <b>JAMES FREDERICK BRIDENSTINE</b>	Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OK District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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.**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JIM BRIDENSTINE INC**

Mailing Address PMB 230  
8086 SOUTH YALE

City TULSA State OK Zip Code 74136

Purpose of Disbursement  
EARMARKED BY GLENNDA SHELTON ID# 143363

001

Candidate Name  
**JAMES FREDERICK BRIDENSTINE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OK District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2016

Transaction ID : **SB23.382503**

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM BRIDENSTINE INC**

Mailing Address PMB 230  
8086 SOUTH YALE

City TULSA State OK Zip Code 74136

Purpose of Disbursement  
EARMARKED BY GREG REID ID# 126746

001

Candidate Name  
**JAMES FREDERICK BRIDENSTINE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OK District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2016

Transaction ID : **SB23.382504**

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JIM BRIDENSTINE INC**

Mailing Address PMB 230  
8086 SOUTH YALE

City TULSA State OK Zip Code 74136

Purpose of Disbursement  
EARMARKED BY MARILYN GREENE ID# 19505

001

Candidate Name  
**JAMES FREDERICK BRIDENSTINE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OK District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2016

Transaction ID : **SB23.382505**

Amount of Each Disbursement this Period

50.00

Memo Item

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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.**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JIM BRIDENSTINE INC**

Mailing Address PMB 230  
8086 SOUTH YALE

City TULSA State OK Zip Code 74136

Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Candidate Name  
**JAMES FREDERICK BRIDENSTINE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OK District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2016

Transaction ID : **SB23.382899**

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM BRIDENSTINE INC**

Mailing Address PMB 230  
8086 SOUTH YALE

City TULSA State OK Zip Code 74136

Purpose of Disbursement  
EARMARKED BY LAURA KELLY ID# 148891

001

Candidate Name  
**JAMES FREDERICK BRIDENSTINE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OK District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

Transaction ID : **SB23.382900**

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JIM BRIDENSTINE INC**

Mailing Address PMB 230  
8086 SOUTH YALE

City TULSA State OK Zip Code 74136

Purpose of Disbursement  
CONTRIBUTION

001

Candidate Name  
**JAMES FREDERICK BRIDENSTINE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OK District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2016

Transaction ID : **SB23.382956**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

1050.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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.**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF MIKE LEE**

Mailing Address 10 WEST BROADWAY STE. 500

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**MIKE LEE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: UT District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2016

**Transaction ID : SB23.382901**

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MIKE LEE**

Mailing Address 10 WEST BROADWAY STE. 500

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement  
EARMARKED BY LAURA KELLY ID# 148891

001

Category/  
Type

Candidate Name

**MIKE LEE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: UT District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2016

**Transaction ID : SB23.382902**

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JIM BANKS FOR CONGRESS INC.**

Mailing Address PO BOX 11431

City FORT WAYNE State IN Zip Code 46858

Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**JAMES E BANKS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 03 / 2016

**Transaction ID : SB23.382485**

Amount of Each Disbursement this Period

50.00

Memo Item

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

100.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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.**

Full Name (Last, First, Middle Initial)

**A. JIM BANKS FOR CONGRESS INC.**

Mailing Address PO BOX 11431

City State Zip Code  
FORT WAYNE IN 46858

Purpose of Disbursement  
EARMARKED BY MARILYN GREENE ID# 19505

Candidate Name  
**JAMES E BANKS**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IN District: 03

Date of Disbursement

/  /

**Transaction ID : SB23.382486**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. JIM BANKS FOR CONGRESS INC.**

Mailing Address PO BOX 11431

City State Zip Code  
FORT WAYNE IN 46858

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JAMES E BANKS**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IN District: 03

Date of Disbursement

/  /

**Transaction ID : SB23.382957**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City State Zip Code  
TALLAHASSEE FL 32301

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**MARY THOMAS**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: FL District: 02

Date of Disbursement

/  /

**Transaction ID : SB23.382958**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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.**

Full Name (Last, First, Middle Initial)

**A. ROD BLUM FOR CONGRESS**

Mailing Address 2728 ASBUSY ROAD STE 400

City DUBUQUE State IA Zip Code 52001

Purpose of Disbursement  
CONTRIBUTION

001

Candidate Name

**RODNEY LELAND BLUM**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2016

Transaction ID : **SB23.382959**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ROD BLUM FOR CONGRESS**

Mailing Address 2728 ASBUSY ROAD STE 400

City DUBUQUE State IA Zip Code 52001

Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Candidate Name

**RODNEY LELAND BLUM**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2016

Transaction ID : **SB23.382968**

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ROD BLUM FOR CONGRESS**

Mailing Address 2728 ASBUSY ROAD STE 400

City DUBUQUE State IA Zip Code 52001

Purpose of Disbursement  
EARMARKED BY BERNARD CESTONE ID# 15308

001

Candidate Name

**RODNEY LELAND BLUM**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 24 / 2016

Transaction ID : **SB23.382969**

Amount of Each Disbursement this Period

100.00

Memo Item

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

600.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. RON DESANTIS FOR FLORIDA**

Full Name (Last, First, Middle Initial)

Mailing Address 133 S HARBOR DRIVE

City VENICE State FL Zip Code 34285

Purpose of Disbursement  
CONTRIBUTION

001

Candidate Name  
**RONALD DESANTIS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2016

Transaction ID : **SB23.382961**

Amount of Each Disbursement this Period

1000.00

Memo Item

**B. STUTZMAN FOR SENATE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 129

City HOWE State IN Zip Code 46746

Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Candidate Name  
**MARLIN A STUTZMAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IN District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 03 / 2016

Transaction ID : **SB23.382487**

Amount of Each Disbursement this Period

150.00

Memo Item

**C. STUTZMAN FOR SENATE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 129

City HOWE State IN Zip Code 46746

Purpose of Disbursement  
EARMARKED BY PETER SHERIDAN ID# 148192

001

Candidate Name  
**MARLIN A STUTZMAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IN District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 29 / 2016

Transaction ID : **SB23.382488**

Amount of Each Disbursement this Period

50.00

Memo Item

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

1150.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. STUTZMAN FOR SENATE**

Mailing Address PO BOX 129

City State Zip Code  
HOWE IN 46746

Purpose of Disbursement  
EARMARKED BY DOLORES O'CONNOR ID# 131266

001

Candidate Name  
**MARLIN A STUTZMAN**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IN District: 03

Date of Disbursement

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

Transaction ID : SB23.382489

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. STUTZMAN FOR SENATE**

Mailing Address PO BOX 129

City State Zip Code  
HOWE IN 46746

Purpose of Disbursement  
EARMARKED BY MARILYN GREENE ID# 19505

001

Candidate Name  
**MARLIN A STUTZMAN**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	1		2	0	1	6		

Transaction ID : SB23.382490

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

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

Date of Disbursement

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

Amount of Each Disbursement this Period

		.		
--	--	---	--	--

Memo Item

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

0	0	.	0	0
---	---	---	---	---

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

4	3	2	6	.	0	0
---	---	---	---	---	---	---



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. A3K ADVERTISING INC.**

Mailing Address 1101 WAYLAND DR

City ARLINGTON State TX Zip Code 76012

Purpose of Disbursement  
PAC ADVERTISING (NON-CONTRIBUTION ACCOUNT)

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB29.382965**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. GOBER HILGERS PLLC**

Mailing Address 2101 CEDAR SPRINGS RD STE 1050  
SUITE 1050

City DALLAS State TX Zip Code 75201

Purpose of Disbursement  
PAC LEGAL FEES (NON-CONTRIBUTION ACCOUNT)

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB29.382903**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PROFESSIONAL DATA SERVICES**

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

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

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB29.382904**

Amount of Each Disbursement this Period

Memo Item

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

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

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

NAME OF COMMITTEE (In Full) <b>MADISON PROJECT INC.</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00298000
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>MADISON PROJECT INC.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">05 / 01 / 2016</span>
Mailing Address PO BOX 15179	Amount <span style="border: 1px solid black; padding: 2px;">7.50</span>
City State Zip Code WASHINGTON DC 20003	
Purpose of Expenditure ONLINE PROCESSING FEES	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate MARLIN A STUTZMAN	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">05 / 01 / 2016</span>
Name of Federal Candidate MARLIN A STUTZMAN	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">54.55</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>MADISON PROJECT INC.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">05 / 09 / 2016</span>
Mailing Address PO BOX 15179	Amount <span style="border: 1px solid black; padding: 2px;">2.50</span>
City State Zip Code WASHINGTON DC 20003	
Purpose of Expenditure ONLINE PROCESSING FEES	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate JAMES FREDERICK BRIDENSTINE	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">05 / 09 / 2016</span>
Name of Federal Candidate JAMES FREDERICK BRIDENSTINE	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4.25</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">10.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*MR. PAULA KILGORE*

Signature \_\_\_\_\_ [Electronically Filed] Date 06 / 20 / 2016

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

NAME OF COMMITTEE (In Full) <b>MADISON PROJECT INC.</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00298000
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>MADISON PROJECT INC.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">05 / 24 / 2016</span>
Mailing Address PO BOX 15179	Amount <span style="border: 1px solid black; padding: 2px;">5.00</span>
City State Zip Code WASHINGTON DC 20003	
Purpose of Expenditure ONLINE PROCESSING FEES	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate RODNEY LELAND BLUM	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">05 / 24 / 2016</span>
Name of Federal Candidate RODNEY LELAND BLUM	Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>01</u> State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">8.75</span>	

Full Name of Payee <b>MADISON PROJECT INC.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">05 / 09 / 2016</span>
Mailing Address PO BOX 15179	Amount <span style="border: 1px solid black; padding: 2px;">2.50</span>
City State Zip Code WASHINGTON DC 20003	
Purpose of Expenditure ONLINE PROCESSING FEES	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate MIKE LEE	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">05 / 09 / 2016</span>
Name of Federal Candidate MIKE LEE	Office Sought: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: <u>00</u> State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">2.50</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">7.50</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*MR. PAULA KILGORE*

Signature \_\_\_\_\_ [Electronically Filed] Date 06 / 20 / 2016

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

NAME OF COMMITTEE (In Full) <b>MADISON PROJECT INC.</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00298000
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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>MADISON PROJECT INC.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 05 / 01 / 2016
Mailing Address PO BOX 15179	Amount <span style="border: 1px solid black; padding: 2px;">2.50</span>
City State Zip Code WASHINGTON DC 20003	
Purpose of Expenditure ONLINE PROCESSING FEES	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate JAMES E BANKS	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 05 / 01 / 2016
Name of Federal Candidate JAMES E BANKS	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">25.75</span>	

Full Name of Payee <b>MADISON PROJECT INC.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 05 / 01 / 2016
Mailing Address PO BOX 15179	Amount <span style="border: 1px solid black; padding: 2px;">21.30</span>
City State Zip Code WASHINGTON DC 20003	
Purpose of Expenditure ONLINE PROCESSING FEES	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate JAMES E BANKS	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 05 / 01 / 2016
Name of Federal Candidate JAMES E BANKS	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">47.05</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">23.80</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">41.30</span>

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.

*MR. PAULA KILGORE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
06 / 20 / 2016