

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

MADISON PROJECT INC.

ADDRESS (number and street)

PO BOX 655

Check if different  
than previously  
reported. (ACC)

ALEDO

TX

76008

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00298000

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☒ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

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

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

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

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
09 01 2016

through

M M / D D / Y Y Y Y Y Y  
09 30 2016

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

KILGORE, PAUL, A, ,

Type or Print Name of Treasurer

Signature of Treasurer

KILGORE, PAUL, A, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MADISON PROJECT INC.

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 09 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		19305.16
(b) Cash on Hand at Beginning of Reporting Period.....	63221.95	
(c) Total Receipts (from Line 19) .....	127211.16	541924.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	190433.11	561230.09
7. Total Disbursements (from Line 31).....	74127.91	444924.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	116305.20	116305.20
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. 05/2016)

Page 3

Write or Type Committee Name

**MADISON PROJECT INC.**

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

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).....	19722.00	110625.00
(ii) Unitemized .....	7489.16	175049.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	27211.16	285674.36
(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) .....	27211.16	285674.36
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.).....	100000.00	255000.00
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)) .....	127211.16	541924.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	127211.16	541924.93

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

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 .....	39714.79	283801.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	39714.79	283801.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4968.00	32851.00
24. Independent Expenditures (use Schedule E) .....	15062.12	34215.15
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	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 (Including Non-Federal Donations).....	14383.00	92162.67
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	74127.91	444924.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74127.91	444924.89

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	27211.16	285674.36
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1895.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27211.16	283779.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	39714.79	283801.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	128.29
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	39714.79	283672.78

# **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 98

(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.

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

A. AZEVEDO, KATHRYN, , ,

Mailing Address 1108 VALLEY VIEW DR

City  
ENNISState  
TXZip Code  
75119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

Transaction ID : SA11AI.385474

Amount of Each Receipt this Period

235.00

☐ Memo Item

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

B. BARTHOLOMA, CAROLYN, , ,

Mailing Address 5717 W LEIBER PL

City  
GLENDALEState  
AZZip Code  
85310FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

Transaction ID : SA11AI.385479

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. BAUGHMAN, JO ANN, , ,

Mailing Address PO BOX 1269

City  
PHILOMATHState  
ORZip Code  
97370FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

313.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.385573

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

565.00

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 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

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

A. BECK, ELIZABETH, , ,

Mailing Address 2318 E WALKER LN

City

SALT LAKE CITY

State

UT

Zip Code

84117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CENTER FOR ORTHOPEDIC &amp; REHAB EXCELLAN

Occupation (for Individual)

REGISTERED NURSE

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  
09 / 02 / 2016

Transaction ID : SA11AI.385135

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. BRAYSHAW, CAROLYN, , ,

Mailing Address 12052 MAPLE LEAF LN

City

FONTANA

State

CA

Zip Code

92337

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED

Occupation (for Individual)

INFORMATION REQUESTED

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2016

Transaction ID : SA11AI.385484

Amount of Each Receipt this Period

135.00

☐ Memo Item

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

C. BROWN, WENDELL, , ,

Mailing Address 300 N FILLMORE ST

City

ARLINGTON

State

VA

Zip Code

22201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2016

Transaction ID : SA11AI.385339

Amount of Each Receipt this Period

25.00

☐ Memo Item

EM-DESANTIS-TRANS20160919

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

660.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 98  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

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

**A. BROWN, WENDELL, , ,**

Mailing Address 300 N FILLMORE ST

City  
ARLINGTON

State  
VA

Zip Code  
22201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2016

**Transaction ID : SA11AI.385525**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**B. BUERGER, MARY, , ,**

Mailing Address 115 STONY RIDGE CT

City  
HILLSDALE

State  
MI

Zip Code  
49242

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

**Transaction ID : SA11AI.385483**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. BURT, ALLEN, , ,**

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 (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2016

**Transaction ID : SA11AI.385288**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

335.00



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

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

**A. BURT, ALLEN, , ,**

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 (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

MM / DD / YYYY  
09 / 26 / 2016

Transaction ID : SA11AI.385506

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**B. BURT, ALLEN, , ,**

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 (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

MM / DD / YYYY  
09 / 27 / 2016

Transaction ID : SA11AI.385523

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. BUZBEE, JACK, , ,**

Mailing Address 200 E DOUGLAS ST

City  
DE SOTO

State  
IL

Zip Code  
62924

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY  
09 / 26 / 2016

Transaction ID : SA11AI.385521

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

350.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 98  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

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

**A. CARROLL, RUSSELL, B, MR,**

Mailing Address 2275 WENDT RD

City  
OGLESBY

State  
TX

Zip Code  
76561

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VETERANS ADMINISTRATION

Occupation (for Individual)  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.385583

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. CESTONE, BERNARD, , ,**

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 (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2016

Transaction ID : SA11AI.385504

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. CHEN, CLARO, , ,**

Mailing Address 19348 EMPTY SADDLE

City  
WALNUT

State  
CA

Zip Code  
91788

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
D.H.S.

Occupation (for Individual)  
FEDERAL EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 04 / 2016

Transaction ID : SA11AI.385154

Amount of Each Receipt this Period

10.00

☐ Memo Item

EM-BRIDENSTINE-TRANS20160908

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

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

760.00

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

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

FOR LINE NUMBER: PAGE 11 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

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

**A. CHEN, CLARO, , ,**

Mailing Address 19348 EMPTY SADDLE

City  
WALNUT

State  
CA

Zip Code  
91788

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

D.H.S.

Occupation (for Individual)

FEDERAL EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

MM / DD / YYYY  
09 / 04 / 2016

Transaction ID : SA11AI.385159

Amount of Each Receipt this Period

10.00

☐ Memo Item

EM-WILLIS-TRANS20160908

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

**B. CHEN, CLARO, , ,**

Mailing Address 19348 EMPTY SADDLE

City  
WALNUT

State  
CA

Zip Code  
91788

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

D.H.S.

Occupation (for Individual)

FEDERAL EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

MM / DD / YYYY  
09 / 04 / 2016

Transaction ID : SA11AI.385152

Amount of Each Receipt this Period

10.00

☐ Memo Item

EM-BLUM-TRANS20160908

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

**C. CHEN, CLARO, , ,**

Mailing Address 19348 EMPTY SADDLE

City  
WALNUT

State  
CA

Zip Code  
91788

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

D.H.S.

Occupation (for Individual)

FEDERAL EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

90.00

Date of Receipt

MM / DD / YYYY  
09 / 04 / 2016

Transaction ID : SA11AI.385157

Amount of Each Receipt this Period

10.00

☐ Memo Item

EM-THOMAS-TRANS20160908

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 12 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

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

**A. CHEN, CLARO, , ,**

Mailing Address 19348 EMPTY SADDLE

City  
WALNUT

State  
CA

Zip Code  
91788

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
D.H.S.

Occupation (for Individual)  
FEDERAL EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2016

Transaction ID : SA11AI.385150

Amount of Each Receipt this Period

10.00

☐ Memo Item

EM-BANKS-TRANS20160908

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

**B. CHEN, CLARO, , ,**

Mailing Address 19348 EMPTY SADDLE

City  
WALNUT

State  
CA

Zip Code  
91788

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
D.H.S.

Occupation (for Individual)  
FEDERAL EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2016

Transaction ID : SA11AI.385155

Amount of Each Receipt this Period

10.00

☐ Memo Item

EM-DESANTIS-TRANS20160908

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

**C. CHEN, CLARO, , ,**

Mailing Address 19348 EMPTY SADDLE

City  
WALNUT

State  
CA

Zip Code  
91788

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
D.H.S.

Occupation (for Individual)  
FEDERAL EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

135.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2016

Transaction ID : SA11AI.385330

Amount of Each Receipt this Period

10.00

☐ Memo Item

EM-BANKS-TRANS20160919

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 13 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

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

A. CHEN, CLARO, , ,

Mailing Address 19348 EMPTY SADDLE

City  
WALNUTState  
CAZip Code  
91788FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
D.H.S.Occupation (for Individual)  
FEDERAL EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2016

Transaction ID : SA11AI.385337

Amount of Each Receipt this Period

10.00

☐ Memo Item

EM-DESANTIS-TRANS20160919

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

B. CHEN, CLARO, , ,

Mailing Address 19348 EMPTY SADDLE

City  
WALNUTState  
CAZip Code  
91788FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
D.H.S.Occupation (for Individual)  
FEDERAL EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2016

Transaction ID : SA11AI.385342

Amount of Each Receipt this Period

10.00

☐ Memo Item

EM-THOMAS-TRANS20160919

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

C. CHEN, CLARO, , ,

Mailing Address 19348 EMPTY SADDLE

City  
WALNUTState  
CAZip Code  
91788FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
D.H.S.Occupation (for Individual)  
FEDERAL EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

155.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2016

Transaction ID : SA11AI.385335

Amount of Each Receipt this Period

10.00

☐ Memo Item

EM-BRIDENSTINE-TRANS20160919

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

30.00

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 14 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

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

**A. CHEN, CLARO, , ,**

Mailing Address 19348 EMPTY SADDLE

City  
WALNUT

State  
CA

Zip Code  
91788

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
D.H.S.

Occupation (for Individual)  
FEDERAL EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

145.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2016

**Transaction ID : SA11AI.385332**

Amount of Each Receipt this Period

10.00

☐ Memo Item

EM-BLUM-TRANS20160919

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

**B. CHEN, CLARO, , ,**

Mailing Address 19348 EMPTY SADDLE

City  
WALNUT

State  
CA

Zip Code  
91788

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
D.H.S.

Occupation (for Individual)  
FEDERAL EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

185.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2016

**Transaction ID : SA11AI.385349**

Amount of Each Receipt this Period

10.00

☐ Memo Item

EM-WILLIS-TRANS20160919

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

**C. CHEN, CLARO, , ,**

Mailing Address 19348 EMPTY SADDLE

City  
WALNUT

State  
CA

Zip Code  
91788

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
D.H.S.

Occupation (for Individual)  
FEDERAL EMPLOYEE

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  
09 / 19 / 2016

**Transaction ID : SA11AI.385421**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

45.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 98

<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.**

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

**A. COX, DORTHA, , ,**

Mailing Address 4900 MORRIS LN

City  
OKLAHOMA CITYState  
OKZip Code  
73112FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2016

**Transaction ID : SA11AI.385485**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. CRAIG, KRISTY, , ,**

Mailing Address 3492 E 1400 N

City  
ATTICAState  
INZip Code  
47918FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

**Transaction ID : SA11AI.385319**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. DALY, RADCLIFFE, R, MR.,**

Mailing Address 2019 TOLER RD APT 412

City  
LONGVIEWState  
TXZip Code  
75605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

**Transaction ID : SA11AI.385148**

Amount of Each Receipt this Period

24.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

374.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

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

A. DALY, JEFFREY, , ,

Mailing Address 21091 POWDER HORN RD

City  
HIDDEN VALLEY LAKE

State  
CA

Zip Code  
95467

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JESUS CHRIST FELLOWSHIP

Occupation (for Individual)  
PASTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2016

Transaction ID : SA11AI.385346

Amount of Each Receipt this Period

20.00

☐ Memo Item

EM-WILLIS-TRANS20160919

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

B. DALY, RADCLIFFE, R, MR.,

Mailing Address 2019 TOLER RD APT 412

City  
LONGVIEW

State  
TX

Zip Code  
75605

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2016

Transaction ID : SA11AI.385416

Amount of Each Receipt this Period

20.00

☐ Memo Item

EM-BANKS-TRANS20160927

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

C. DALY, RADCLIFFE, R, MR.,

Mailing Address 2019 TOLER RD APT 412

City  
LONGVIEW

State  
TX

Zip Code  
75605

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : SA11AI.385440

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

65.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

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

A. DALY, RADCLIFFE, R, MR.,

Mailing Address 2019 TOLER RD APT 412

City  
LONGVIEW

State  
TX

Zip Code  
75605

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.385564

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. DAVIS, KENNETH, , ,

Mailing Address 1675 NORTSHORE CT

City  
PARK CITY

State  
UT

Zip Code  
84098

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2016

Transaction ID : SA11AI.385414

Amount of Each Receipt this Period

25.00

☐ Memo Item

EM-BLUM-TRANS20160927

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

C. DINKINS, BRAD, L, MR.,

Mailing Address 801 SE 52ND STREET

City  
OCALA

State  
FL

Zip Code  
34480

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
REAL ESTATE INVESTMENTS AND M

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  
09 / 27 / 2016

Transaction ID : SA11AI.385531

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

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

A. DOCTER, TIMOTHY, , ,

Mailing Address 7778 BOCA RATON DR

City  
LAS VEGAS

State  
NV

Zip Code  
89113

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2016

Transaction ID : SA11AI.385316

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. DOCTER, TIMOTHY, , ,

Mailing Address 7778 BOCA RATON DR

City  
LAS VEGAS

State  
NV

Zip Code  
89113

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1810.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 19 / 2016

Transaction ID : SA11AI.385419

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. DOCTER, TIMOTHY, , ,

Mailing Address 7778 BOCA RATON DR

City  
LAS VEGAS

State  
NV

Zip Code  
89113

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2060.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

Transaction ID : SA11AI.385537

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 98

(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.**

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

**A. DOCTER, TIMOTHY, , ,**

Mailing Address 7778 BOCA RATON DR

City  
LAS VEGAS

State  
NV

Zip Code  
89113

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2016

Transaction ID : SA11AI.385550

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. ECKERMAN, RUTH, E, MRS,**

Mailing Address 3528 ATWOOD AVE APT 106

City  
MADISON

State  
WI

Zip Code  
53714

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : SA11AI.385442

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. GARCIA, HECTOR, S, DR,**

Mailing Address 214 KEYSTONE AVE

City  
RIVER FOREST

State  
IL

Zip Code  
60305

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
ORTHO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11AI.385134

Amount of Each Receipt this Period

357.00

☐ Memo Item

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

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

632.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 98

(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.

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

A. GIDDENS, JAMES, , ,

Mailing Address 2520 BOBBY LEE LANE

City  
ST. CLOUDState  
FLZip Code  
34772FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2016

Transaction ID : SA11AI.385334

Amount of Each Receipt this Period

25.00

☐ Memo Item

EM-BLUM-TRANS20160919

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

B. GREENE, MARILYN, , ,

Mailing Address 39368 LONGHILL LN

City  
ALDIEState  
VAZip Code  
20105FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TURNER JONES & ASSOC PLLCOccupation (for Individual)  
STAF A ACCOUNTANT

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  
09 / 02 / 2016

Transaction ID : SA11AI.385158

Amount of Each Receipt this Period

50.00

☐ Memo Item

EM-WILLIS-TRANS20160908

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

C. GREENE, GARY, , ,

Mailing Address 39368 LONGHILL LN

City  
ALDIEState  
VAZip Code  
20105FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TASCOccupation (for Individual)  
SYSTEMS ENGINEER

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  
09 / 02 / 2016

Transaction ID : SA11AI.385149

Amount of Each Receipt this Period

50.00

☐ Memo Item

EM-BANKS-TRANS20160908

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

125.00

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 21 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

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

**A. GREENE, MARILYN, , ,**

Mailing Address 39368 LONGHILL LN

City  
ALDIE

State  
VA

Zip Code  
20105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TURNER JONES & ASSOC PLLC

Occupation (for Individual)  
STAFA ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11AI.385156

Amount of Each Receipt this Period

50.00

☐ Memo Item

EM-THOMAS-TRANS20160908

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

**B. GREENE, GARY, , ,**

Mailing Address 39368 LONGHILL LN

City  
ALDIE

State  
VA

Zip Code  
20105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TASC

Occupation (for Individual)  
SYSTEMS ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11AI.385153

Amount of Each Receipt this Period

50.00

☐ Memo Item

EM-BRIDENSTINE-TRANS20160908

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

**C. GREENE, GARY, , ,**

Mailing Address 39368 LONGHILL LN

City  
ALDIE

State  
VA

Zip Code  
20105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TASC

Occupation (for Individual)  
SYSTEMS ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11AI.385151

Amount of Each Receipt this Period

50.00

☐ Memo Item

EM-BLUM-TRANS20160908

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 22 OF 98  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

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

**A. HALE, BILLY, , ,**

Mailing Address 11823 WILCREST DR

City  
HOUSTON

State  
TX

Zip Code  
77031

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : SA11AI.385575

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. HALEY, MARY, , ,**

Mailing Address PO BOX 163

City  
MENTONE

State  
TX

Zip Code  
79754

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11AI.385127

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. HUEBSCH, IAN, , ,**

Mailing Address PO BOX 1137

City  
EL CERRITO

State  
CA

Zip Code  
94530

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11AI.385137

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

1350.00

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

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

FOR LINE NUMBER: PAGE 23 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

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

**A. HUTSON, TERRY, , ,**

Mailing Address PO BOX 688

City  
BEARDEN

State  
AR

Zip Code  
71720

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SOUTHERN ARKANSAS UNIVERSITY T

Occupation (for Individual)

TEACHER

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  
09 / 27 / 2016

Transaction ID : SA11AI.385532

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. KENNEDY, BOB, , ,**

Mailing Address 2359 MILLENNIUM LANE

City  
RESTON

State  
VA

Zip Code  
20191

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2016

Transaction ID : SA11AI.385415

Amount of Each Receipt this Period

35.00

☐ Memo Item

EM-DESANTIS-TRANS20160927

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

**C. MACOMBER, WAYNE, , ,**

Mailing Address PO BOX 1458

City  
PORT ORCHARD

State  
WA

Zip Code  
98366

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 19 / 2016

Transaction ID : SA11AI.385359

Amount of Each Receipt this Period

10000.00

☐ Memo Item

REATTRIBUTION REQUESTED

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

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

10135.00

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

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

FOR LINE NUMBER: PAGE 24 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

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

**A. MCDOUGAL, JANIE, G, MRS,**

Mailing Address 4150 SHADOWBROOK CIR

City  
COLLEGE STATION

State  
TX

Zip Code  
77845

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2016

Transaction ID : SA11AI.385427

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. MEISSNER, MIKE, L, MR.,**

Mailing Address 2 WEEPING SPRUCE PL

City  
THE WOODLANDS

State  
TX

Zip Code  
77384

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHEVRON PHILLIPS CHEMICAL CO.

Occupation (for Individual)  
FINANCE MGR.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11AI.385128

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. NOTZON, MICHAEL, , ,**

Mailing Address 303 GREEN GABLE DRIVE

City  
VICTORIA

State  
TX

Zip Code  
77904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 19 / 2016

Transaction ID : SA11AI.385413

Amount of Each Receipt this Period

50.00

☐ Memo Item

EM-BRIDENSTINE-TRANS20160927

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

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

800.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 98  
(check only one)

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

**MADISON PROJECT INC.**

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

**A. RICHARDS, GYNETH, , ,**

Mailing Address 5251 S 41ST PLACE

City  
PHOENIXState  
AZZip Code  
85040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HONORHEALTHOccupation (for Individual)  
DIETICIAN

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
09		08		2016

Transaction ID : SA11AI.385285

Amount of Each Receipt this Period

50.00

☐ Memo Item

EM-THOMAS-TRANS20160916

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

**B. RICHARDS, GYNETH, , ,**

Mailing Address 5251 S 41ST PLACE

City  
PHOENIXState  
AZZip Code  
85040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HONORHEALTHOccupation (for Individual)  
DIETICIAN

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
09		08		2016

Transaction ID : SA11AI.385281

Amount of Each Receipt this Period

50.00

☐ Memo Item

EM-BANKS-TRANS20160916

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

**C. RICHARDS, GYNETH, , ,**

Mailing Address 5251 S 41ST PLACE

City  
PHOENIXState  
AZZip Code  
85040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HONORHEALTHOccupation (for Individual)  
DIETICIAN

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
09		08		2016

Transaction ID : SA11AI.385284

Amount of Each Receipt this Period

50.00

☐ Memo Item

EM-DESANTIS-TRANS20160916

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 26 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

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

A. RICHARDS, GYNETH, , ,

Mailing Address 5251 S 41ST PLACE

City  
PHOENIXState  
AZZip Code  
85040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HONORHEALTHOccupation (for Individual)  
DIETICIAN

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  
09 / 08 / 2016

Transaction ID : SA11AI.385283

Amount of Each Receipt this Period

50.00

☐ Memo Item

EM-BRIDENSTINE-TRANS20160916

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

B. RICHARDS, GYNETH, , ,

Mailing Address 5251 S 41ST PLACE

City  
PHOENIXState  
AZZip Code  
85040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HONORHEALTHOccupation (for Individual)  
DIETICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2016

Transaction ID : SA11AI.385286

Amount of Each Receipt this Period

50.00

☐ Memo Item

EM-WILLIS-TRANS20160916

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

C. RICHARDS, GYNETH, , ,

Mailing Address 5251 S 41ST PLACE

City  
PHOENIXState  
AZZip Code  
85040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HONORHEALTHOccupation (for Individual)  
DIETICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2016

Transaction ID : SA11AI.385282

Amount of Each Receipt this Period

50.00

☐ Memo Item

EM-BLUM-TRANS20160916

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 27 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

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

A. SALVESEN, JEANNE, , ,

Mailing Address 4 OAK BROOK CLUB DR APT G201

City

OAK BROOK

State

IL

Zip Code

60523

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11AI.385114

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. SCHLECH, BARRY, A, DR.,

Mailing Address 3550 COUNTRY VISTA DRIVE

City

BURLESON

State

TX

Zip Code

76028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

PHARMACEUTICAL MICROBIOLOGIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2016

Transaction ID : SA11AI.385535

Amount of Each Receipt this Period

126.00

☐ Memo Item

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

C. SCHMIDT, STANLEY, , ,

Mailing Address PO BOX 137

City

DALLAS

State

OR

Zip Code

97338

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF EMPLOYED

Occupation (for Individual)

INSURANCE AGENT

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  
09 / 19 / 2016

Transaction ID : SA11AI.385422

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

576.00

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 28 OF 98

(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.

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

A. SHERIDAN, PETER, F., ,

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 (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : SA11AI.385129

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. SHERIDAN, PETER, F., ,

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 (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2016

Transaction ID : SA11AI.385311

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

C. SIMON, ALLEN, , ,

Mailing Address 1383 N CRISS ST

City

CHANDLER

State

AZ

Zip Code

85226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2016

Transaction ID : SA11AI.385341

Amount of Each Receipt this Period

250.00

☐ Memo Item

EM-THOMAS-TRANS20160919

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

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

310.00

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

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

FOR LINE NUMBER: PAGE 29 OF 98

(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.**

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

**A. SIMON, ALLEN, , ,**

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2016

Transaction ID : SA11AI.385348

Amount of Each Receipt this Period

250.00

☐ Memo Item

EM-WILLIS-TRANS20160919

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

**B. SIMON, ALLEN, , ,**

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2016

Transaction ID : SA11AI.385347

Amount of Each Receipt this Period

250.00

☐ Memo Item

EM-WILLIS-TRANS20160919

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

**C. SOUSA, MANUEL, , ,**

Mailing Address 254 QUILL AVE.

City  
THE VILLAGES

State  
FL

Zip Code  
32162

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2016

Transaction ID : SA11AI.385343

Amount of Each Receipt this Period

20.00

☐ Memo Item

EM-THOMAS-TRANS20160919

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

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

520.00

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

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

FOR LINE NUMBER: PAGE 30 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

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

A. SOUSA, MANUEL, , ,

Mailing Address 254 QUILL AVE.

City

THE VILLAGES

State

FL

Zip Code

32162

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2016

Transaction ID : SA11AI.385338

Amount of Each Receipt this Period

20.00

☐ Memo Item

EM-DESANTIS-TRANS20160919

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

B. SOVIE, DONALD, , ,

Mailing Address 28022 CAMINO LA RONDA

City

SAN JUAN CAPO

State

CA

Zip Code

92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF EMPLOYED

Occupation (for Individual)

ATTORNEY

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  
09 / 26 / 2016

Transaction ID : SA11AI.385519

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. VICKERY, STEPHANIE, , ,

Mailing Address 475 LCR 902

City

JEWETT

State

TX

Zip Code

75846

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2016

Transaction ID : SA11AI.385344

Amount of Each Receipt this Period

10.00

☐ Memo Item

EM-THOMAS-TRANS20160919

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

280.00

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 31 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

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

A. VICKERY, STEPHANIE, , ,

Mailing Address 475 LCR 902

City  
JEWETT

State  
TX

Zip Code  
75846

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2016

Transaction ID : SA11AI.385331

Amount of Each Receipt this Period

10.00

☐ Memo Item

EM-BANKS-TRANS20160919

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

B. VICKERY, STEPHANIE, , ,

Mailing Address 475 LCR 902

City  
JEWETT

State  
TX

Zip Code  
75846

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2016

Transaction ID : SA11AI.385340

Amount of Each Receipt this Period

10.00

☐ Memo Item

EM-DESANTIS-TRANS20160919

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

C. VICKERY, STEPHANIE, , ,

Mailing Address 475 LCR 902

City  
JEWETT

State  
TX

Zip Code  
75846

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2016

Transaction ID : SA11AI.385350

Amount of Each Receipt this Period

10.00

☐ Memo Item

EM-WILLIS-TRANS20160919

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

30.00

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 32 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

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

A. VICKERY, STEPHANIE, , ,

Mailing Address 475 LCR 902

City  
JEWETTState  
TXZip Code  
75846FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2016

Transaction ID : SA11AI.385336

Amount of Each Receipt this Period

10.00

☐ Memo Item

EM-BRIDENSTINE-TRANS20160919

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

B. VICKERY, STEPHANIE, , ,

Mailing Address 475 LCR 902

City  
JEWETTState  
TXZip Code  
75846FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2016

Transaction ID : SA11AI.385333

Amount of Each Receipt this Period

10.00

☐ Memo Item

EM-BLUM-TRANS20160919

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

C. WEIDIG, LARRY, , ,

Mailing Address 3819 S 18TH ST

City  
SHEBOYGANState  
WIZip Code  
53081FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

Transaction ID : SA11AI.385507

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

120.00

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 33 OF 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**WHITE, BOB, , ,**

Mailing Address 2964 HWY 101 NO.

City  
**SEASIDE**

State  
**OR**

Zip Code  
**97138**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**SELF EMPLOYED**

Occupation (for Individual)  
**HVAC**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**100.00**

Date of Receipt

**09 / 15 / 2016**

**Transaction ID : SA11AI.385345**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**EM-THOMAS-TRANS20160919**

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

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

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

**100.00**

**19722.00**

# **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 34 OF 98

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

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

**A. UIHLEIN, RICHARD, , ,**

Mailing Address 1396 N WAUKEGAN RD

City  
LAKE FOREST

State  
IL

Zip Code  
60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ULINE

Occupation (for Individual)  
CEO/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : SA17.385449

Amount of Each Receipt this Period

100000.00

☐ Memo Item

NON-CONTRIBUTION ACCOUNT

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

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

100000.00

100000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address THIRD STREET, SUITE 2B

City  
BATON ROUGEState  
LAZip Code  
70801Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : SB21B.38516

Amount of Each Disbursement this Period

509.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AT&T INC.**

Mailing Address 208 S AKARD ST

City  
DALLASState  
TXZip Code  
75202Purpose of Disbursement  
PAC TELEPHONE

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2016

FEC Identification Number

C

Transaction ID : SB21B.38546

Amount of Each Disbursement this Period

149.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address 100 N TRYON ST

City  
CHARLOTTEState  
NCZip Code  
28202Purpose of Disbursement  
PAC BANK FEES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2016

FEC Identification Number

C

Transaction ID : SB21B.38525

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).....▶

688.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 100 N TRYON ST

City  
CHARLOTTEState  
NCZip Code  
28202Purpose of Disbursement  
PAC BANK FEES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.38529

Amount of Each Disbursement this Period

12.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 100 N TRYON ST

City  
CHARLOTTEState  
NCZip Code  
28202Purpose of Disbursement  
PAC BANK FEES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.38536

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BEH DIRECT**

Mailing Address 600 CLARIDEN RANCH ROAD

City  
SOUTHLAKEState  
TXZip Code  
76092Purpose of Disbursement  
PAC DIRECT MAIL PRODUCTION

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.38536

Amount of Each Disbursement this Period

8090.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8132.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. ELECTEK**

Mailing Address PO BOX 23715

City  
CHAGRIN FALLSState  
OHZip Code  
44023Purpose of Disbursement  
PAC SOFTWARE

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2016

FEC Identification Number

C Transaction ID : SB21B.38546

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. INTERNAL REVENUE SERVICE**

Mailing Address 111 CONSTITUTION AVE NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
PAC TAXES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		14		2016

FEC Identification Number

C Transaction ID : SB21B.38530

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MAILCHIMP**

Mailing Address 512 MEANS ST NW STE 404

City  
ATLANTAState  
GAZip Code  
30318Purpose of Disbursement  
PAC E-MARKETING

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C Transaction ID : SB21B.38525

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20750.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MEDIA TEMPLE**

Mailing Address 8520 NATIONAL BLVD BLDG A

City  
CULVER CITYState  
CAZip Code  
90232Purpose of Disbursement  
PAC WEB HOSTING

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

FEC Identification Number

C

Transaction ID : SB21B.38535

Amount of Each Disbursement this Period

170.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYCHEX**

Mailing Address 911 PANORAMA TRAIL S.

City  
ROCHESTERState  
NYZip Code  
14625Purpose of Disbursement  
PAC PAYROLL TAXES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : SB21B.38546

Amount of Each Disbursement this Period

1502.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PAYCHEX**

Mailing Address 911 PANORAMA TRAIL S.

City  
ROCHESTERState  
NYZip Code  
14625Purpose of Disbursement  
PAC PAYROLL SERVICE FEES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : SB21B.38546

Amount of Each Disbursement this Period

181.89

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1854.81

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. RYUN, JIM, , ,**

Mailing Address 132 D ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
SEE MEMO

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.38536

Amount of Each Disbursement this Period

212.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. COMCAST**

Mailing Address 900 MICHIGAN AVE NE

City  
WASHINGTONState  
DCZip Code  
20017Purpose of Disbursement  
PAC INTERNET SERVICE

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.38536

Amount of Each Disbursement this Period

212.17

☒ Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 132 D ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAC STAFF SALARY

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.38544

Amount of Each Disbursement this Period

3880.48

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4092.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. SARATOGA STRATEGIES LLC**

Mailing Address 1550 OLD ANNETTA ROAD

City  
ALEDOState  
TXZip Code  
76008Purpose of Disbursement  
PAC STRATEGY CONSULTING

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2016

FEC Identification Number

C

Transaction ID : SB21B.38525

Amount of Each Disbursement this Period

572.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 185 BERRY ST. STE. 550

City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2016

FEC Identification Number

C

Transaction ID : SB21B.38529

Amount of Each Disbursement this Period

80.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TIDEWATER STRATEGIES LLC**

Mailing Address PO BOX 10853

City  
RALEIGHState  
NCZip Code  
27605Purpose of Disbursement  
PAC DIGITAL CONSULTING

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

C

Transaction ID : SB21B.38527

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

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

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

3652.28



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. UNITED STATES POSTAL OFFICE**

Mailing Address 220 N HATCHER AVE

City  
PURCELLVILLEState  
VAZip Code  
20132Purpose of Disbursement  
PAC POSTAGE

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

FEC Identification Number

C

Transaction ID : SB21B.38545

Amount of Each Disbursement this Period

6.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WILAND INC**

Mailing Address 6309 MONARCH PARK PL

City  
NIWOTState  
COZip Code  
80503Purpose of Disbursement  
PAC E-MARKETING

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

FEC Identification Number

C

Transaction ID : SB21B.38525

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WILAND INC**

Mailing Address 6309 MONARCH PARK PL

City  
NIWOTState  
COZip Code  
80503Purpose of Disbursement  
PAC E-MARKETING

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

FEC Identification Number

C

Transaction ID : SB21B.38531

Amount of Each Disbursement this Period

200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

456.45

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

39626.79

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. COLM FOR CONGRESS**

Mailing Address PO BOX 893

City  
STAYTONState  
ORZip Code  
97383Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**WILLIS, COLM, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR

District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2016

FEC Identification Number

C C00592055

**Transaction ID : SB23.385177**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. COLM FOR CONGRESS**

Mailing Address PO BOX 893

City  
STAYTONState  
ORZip Code  
97383Purpose of Disbursement  
EARMARKED BY STEVE WISE ID# 23981

001

Category/  
Type

Candidate Name

**WILLIS, COLM, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR

District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2016

FEC Identification Number

C C00592055

**Transaction ID : SB23.385178**

Amount of Each Disbursement this Period

200.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. COLM FOR CONGRESS**

Mailing Address PO BOX 893

City  
STAYTONState  
ORZip Code  
97383Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**WILLIS, COLM, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR

District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

C C00592055

**Transaction ID : SB23.385275**

Amount of Each Disbursement this Period

60.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

260.00
--------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. COLM FOR CONGRESS**

Mailing Address PO BOX 893

City  
STAYTONState  
ORZip Code  
97383Purpose of Disbursement  
EARMARKED BY MARILYN GREENE ID# 19505

001

Category/  
Type

Candidate Name

**WILLIS, COLM, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2016

FEC Identification Number

C C00592055

**Transaction ID : SB23.385276**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. COLM FOR CONGRESS**

Mailing Address PO BOX 893

City  
STAYTONState  
ORZip Code  
97383Purpose of Disbursement  
EARMARKED BY CLARO CHEN ID# 30290

001

Category/  
Type

Candidate Name

**WILLIS, COLM, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2016

FEC Identification Number

C C00592055

**Transaction ID : SB23.385277**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. COLM FOR CONGRESS**

Mailing Address PO BOX 893

City  
STAYTONState  
ORZip Code  
97383Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**WILLIS, COLM, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

FEC Identification Number

C C00592055

**Transaction ID : SB23.385375**

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

50.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. COLM FOR CONGRESS**

Mailing Address PO BOX 893

City  
STAYTONState  
ORZip Code  
97383Purpose of Disbursement  
EARMARKED BY GYNETH RICHARDS ID# 148919

001

Category/  
Type

Candidate Name

**WILLIS, COLM, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

C C00592055

**Transaction ID : SB23.385376**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. COLM FOR CONGRESS**

Mailing Address PO BOX 893

City  
STAYTONState  
ORZip Code  
97383Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**WILLIS, COLM, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2016

FEC Identification Number

C C00592055

**Transaction ID : SB23.385405**

Amount of Each Disbursement this Period

540.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. COLM FOR CONGRESS**

Mailing Address PO BOX 893

City  
STAYTONState  
ORZip Code  
97383Purpose of Disbursement  
EARMARKED BY JEFFREY DALY ID# 13171

001

Category/  
Type

Candidate Name

**WILLIS, COLM, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2016

FEC Identification Number

C C00592055

**Transaction ID : SB23.385406**

Amount of Each Disbursement this Period

20.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

540.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. COLM FOR CONGRESS**

Mailing Address PO BOX 893

City  
STAYTONState  
ORZip Code  
97383Purpose of Disbursement  
EARMARKED BY ALLEN SIMON ID# 1059

001

Category/  
Type

Candidate Name

**WILLIS, COLM, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	6		

FEC Identification Number

C C00592055

**Transaction ID : SB23.385407**

Amount of Each Disbursement this Period

250.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. COLM FOR CONGRESS**

Mailing Address PO BOX 893

City  
STAYTONState  
ORZip Code  
97383Purpose of Disbursement  
EARMARKED BY ALLEN SIMON ID# 1059

001

Category/  
Type

Candidate Name

**WILLIS, COLM, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	6		

FEC Identification Number

C C00592055

**Transaction ID : SB23.385408**

Amount of Each Disbursement this Period

250.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. COLM FOR CONGRESS**

Mailing Address PO BOX 893

City  
STAYTONState  
ORZip Code  
97383Purpose of Disbursement  
EARMARKED BY CLARO CHEN ID# 30290

001

Category/  
Type

Candidate Name

**WILLIS, COLM, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

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

FEC Identification Number

C C00592055

**Transaction ID : SB23.385409**

Amount of Each Disbursement this Period

10.00

☒ 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. COLM FOR CONGRESS**

Mailing Address PO BOX 893

City  
STAYTONState  
ORZip Code  
97383Purpose of Disbursement  
EARMARKED BY STEPHANIE VICKERY ID# 35279

001

Category/  
Type

Candidate Name

**WILLIS, COLM, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

FEC Identification Number

**C** C00592055**Transaction ID : SB23.385410**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM BRIDENSTINE INC**Mailing Address PMB 230  
8086 SOUTH YALECity  
TULSAState  
OKZip Code  
74136Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**BRIDENSTINE, JAMES, FREDERICK, ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement 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
0	9			0	2			2	0	1	6		

FEC Identification Number

**C** C00502393**Transaction ID : SB23.385175**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JIM BRIDENSTINE INC**Mailing Address PMB 230  
8086 SOUTH YALECity  
TULSAState  
OKZip Code  
74136Purpose of Disbursement  
EARMARKED BY STEVE WISE ID# 23981

001

Category/  
Type

Candidate Name

**BRIDENSTINE, JAMES, FREDERICK, ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement 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
0	8			2	4			2	0	1	6		

FEC Identification Number

**C** C00502393**Transaction ID : SB23.385176**

Amount of Each Disbursement this Period

200.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

200.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JIM BRIDENSTINE INC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

Mailing Address PMB 230

8086 SOUTH YALE

City  
TULSAState  
OKZip Code  
74136Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**BRIDENSTINE, JAMES, FREDERICK, ,**

Office Sought:

☒

House

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: OK

District: 01

FEC Identification Number

C C00502393

**Transaction ID : SB23.385265**

Amount of Each Disbursement this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM BRIDENSTINE INC**

Date of Disbursement

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

Mailing Address PMB 230

8086 SOUTH YALE

City  
TULSAState  
OKZip Code  
74136Purpose of Disbursement  
EARMARKED BY GARY GREENE ID# 8061

001

Category/  
Type

Candidate Name

**BRIDENSTINE, JAMES, FREDERICK, ,**

Office Sought:

☒

House

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify)

State: OK

District: 01

FEC Identification Number

C C00502393

**Transaction ID : SB23.385266**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JIM BRIDENSTINE INC**

Date of Disbursement

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

Mailing Address PMB 230

8086 SOUTH YALE

City  
TULSAState  
OKZip Code  
74136Purpose of Disbursement  
EARMARKED BY CLARO CHEN ID# 30290

001

Category/  
Type

Candidate Name

**BRIDENSTINE, JAMES, FREDERICK, ,**

Office Sought:

☒

House

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: OK

District: 01

FEC Identification Number

C C00502393

**Transaction ID : SB23.385267**

Amount of Each Disbursement this Period

10.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

60.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JIM BRIDENSTINE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Mailing Address PMB 230

8086 SOUTH YALE

City  
TULSAState  
OKZip Code  
74136Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**BRIDENSTINE, JAMES, FREDERICK, ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OK

District: 01

FEC Identification Number

C C00502393

**Transaction ID : SB23.385369**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM BRIDENSTINE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Mailing Address PMB 230

8086 SOUTH YALE

City  
TULSAState  
OKZip Code  
74136Purpose of Disbursement  
EARMARKED BY GYNETH RICHARDS ID# 148919

001

Category/  
Type

Candidate Name

**BRIDENSTINE, JAMES, FREDERICK, ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OK

District: 01

FEC Identification Number

C C00502393

**Transaction ID : SB23.385370**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JIM BRIDENSTINE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Mailing Address PMB 230

8086 SOUTH YALE

City  
TULSAState  
OKZip Code  
74136Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**BRIDENSTINE, JAMES, FREDERICK, ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OK

District: 01

FEC Identification Number

C C00502393

**Transaction ID : SB23.385385**

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

70.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 98

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

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. FRIENDS OF JIM BRIDENSTINE INC**

Date of Disbursement

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

Mailing Address PMB 230

8086 SOUTH YALE

City  
TULSAState  
OKZip Code  
74136

Purpose of Disbursement

EARMARKED BY CLARO CHEN ID# 30290

001

Candidate Name

**BRIDENSTINE, JAMES, FREDERICK, ,**Category/  
Type

Office Sought:

☒ House

Disbursement For: 2016

☐ Senate☐ Primary☒ General☐ President☐ Other (specify) ▼

State: OK

District: 01

FEC Identification Number

C C00502393

**Transaction ID : SB23.385386**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM BRIDENSTINE INC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

Mailing Address PMB 230

8086 SOUTH YALE

City  
TULSAState  
OKZip Code  
74136

Purpose of Disbursement

EARMARKED BY STEPHANIE VICKERY ID# 35279

001

Candidate Name

**BRIDENSTINE, JAMES, FREDERICK, ,**Category/  
Type

Office Sought:

☒ House

Disbursement For: 2016

☐ Senate☐ Primary☒ General☐ President☐ Other (specify) ▼

State: OK

District: 01

FEC Identification Number

C C00502393

**Transaction ID : SB23.385387**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JIM BRIDENSTINE INC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	6		

Mailing Address PMB 230

8086 SOUTH YALE

City  
TULSAState  
OKZip Code  
74136

Purpose of Disbursement

TRANSMITTAL OF EARMARKS

001

Candidate Name

**BRIDENSTINE, JAMES, FREDERICK, ,**Category/  
Type

Office Sought:

☒ House

Disbursement For: 2016

☐ Senate☐ Primary☒ General☐ President☐ Other (specify) ▼

State: OK

District: 01

FEC Identification Number

C C00502393

**Transaction ID : SB23.385457**

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

50.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JIM BRIDENSTINE INC**

Date of Disbursement

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

Mailing Address PMB 230

8086 SOUTH YALE

City  
TULSAState  
OKZip Code  
74136Purpose of Disbursement  
EARMARKED BY MICHAEL NOTZON ID# 36355

001

Candidate Name

**BRIDENSTINE, JAMES, FREDERICK, ,**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OK District: 01

FEC Identification Number

C C00502393

**Transaction ID : SB23.385458**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

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

Mailing Address PO BOX 11431

City  
FORT WAYNEState  
INZip Code  
46858Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Candidate Name

**BANKS, JAMES, E, ,**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 03

FEC Identification Number

C C00577999

**Transaction ID : SB23.385173**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

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

Mailing Address PO BOX 11431

City  
FORT WAYNEState  
INZip Code  
46858Purpose of Disbursement  
EARMARKED BY STEVE WISE ID# 23981

001

Candidate Name

**BANKS, JAMES, E, ,**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 03

FEC Identification Number

C C00577999

**Transaction ID : SB23.385174**

Amount of Each Disbursement this Period

200.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address PO BOX 11431

City  
FORT WAYNEState  
INZip Code  
46858Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**BANKS, JAMES, E, ,**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
0	9			0	8			2	0	1	6		

FEC Identification Number

C C00577999

**Transaction ID : SB23.385257**

Amount of Each Disbursement this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address PO BOX 11431

City  
FORT WAYNEState  
INZip Code  
46858Purpose of Disbursement  
EARMARKED BY GARY GREENE ID# 8061

001

Category/  
Type

Candidate Name

**BANKS, JAMES, E, ,**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
0	9			0	2			2	0	1	6		

FEC Identification Number

C C00577999

**Transaction ID : SB23.385258**

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 WAYNEState  
INZip Code  
46858Purpose of Disbursement  
EARMARKED BY CLARO CHEN ID# 30290

001

Category/  
Type

Candidate Name

**BANKS, JAMES, E, ,**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
0	9			0	4			2	0	1	6		

FEC Identification Number

C C00577999

**Transaction ID : SB23.385259**

Amount of Each Disbursement this Period

10.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

60.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address PO BOX 11431

City  
FORT WAYNEState  
INZip Code  
46858Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**BANKS, JAMES, E, ,**

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
0	9			1	6			2	0	1	6		

FEC Identification Number

C C00577999

**Transaction ID : SB23.385365**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address PO BOX 11431

City  
FORT WAYNEState  
INZip Code  
46858Purpose of Disbursement  
EARMARKED BY GYNETH RICHARDS ID# 148919

001

Category/  
Type

Candidate Name

**BANKS, JAMES, E, ,**

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
0	9			0	8			2	0	1	6		

FEC Identification Number

C C00577999

**Transaction ID : SB23.385366**

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 WAYNEState  
INZip Code  
46858Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**BANKS, JAMES, E, ,**

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
0	9			1	9			2	0	1	6		

FEC Identification Number

C C00577999

**Transaction ID : SB23.385377**

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

70.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address PO BOX 11431

City  
FORT WAYNEState  
INZip Code  
46858Purpose of Disbursement  
EARMARKED BY CLARO CHEN ID# 30290

001

Category/  
Type

Candidate Name

**BANKS, JAMES, E, ,**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
0	9			1	4			2	0	1	6		

FEC Identification Number

C C00577999

**Transaction ID : SB23.385378**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address PO BOX 11431

City  
FORT WAYNEState  
INZip Code  
46858Purpose of Disbursement  
EARMARKED BY STEPHANIE VICKERY ID# 35279

001

Category/  
Type

Candidate Name

**BANKS, JAMES, E, ,**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
0	9			1	5			2	0	1	6		

FEC Identification Number

C C00577999

**Transaction ID : SB23.385379**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address PO BOX 11431

City  
FORT WAYNEState  
INZip Code  
46858Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**BANKS, JAMES, E, ,**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
0	9			2	7			2	0	1	6		

FEC Identification Number

C C00577999

**Transaction ID : SB23.385648**

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

20.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

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

Mailing Address PO BOX 11431

City  
FORT WAYNEState  
INZip Code  
46858Purpose of Disbursement  
EARMARKED BY RADCLIFFE DALY ID# 148808

001

Category/  
Type

Candidate Name

**BANKS, JAMES, E, ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 03

FEC Identification Number

C C00577999

**Transaction ID : SB23.385649**

Amount of Each Disbursement this Period

20.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Date of Disbursement

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

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

FEC Identification Number

C C00581397

**Transaction ID : SB23.385187**

Amount of Each Disbursement this Period

2038.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Date of Disbursement

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

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY MIKE OBRIEN ID# 149013

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

FEC Identification Number

C C00581397

**Transaction ID : SB23.385191**

Amount of Each Disbursement this Period

25.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2	0	3	8	.	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY JEFFREY KAUFMAN ID# 113634

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385195**

Amount of Each Disbursement this Period

18.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY PAM DAVIS ID# 130078

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385196**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY MARK SCHUMACHER ID# 149014

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385197**

Amount of Each Disbursement this Period

10.00

☒ 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY CHERYL LASSEN ID# 129654

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

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

FEC Identification Number

C C00581397

**Transaction ID : SB23.385198**

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY ROBERT TURNER ID# 110083

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 02

Date of Disbursement

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

FEC Identification Number

C C00581397

**Transaction ID : SB23.385199**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY QUENTIN ROIALDSON ID# 149015

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

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

FEC Identification Number

C C00581397

**Transaction ID : SB23.385200**

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY MICHAEL HEATH ID# 148920

001

Candidate Name

**THOMAS, MARY, , ,**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385201**

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY BRANDON WALKER ID# 130072

001

Candidate Name

**THOMAS, MARY, , ,**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385230**

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY DALE STUART ID# 130075

001

Candidate Name

**THOMAS, MARY, , ,**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385231**

Amount of Each Disbursement this Period

50.00

☒ 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY LESLIE MCPHERSON ID# 122414

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385194**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY WENDY KILHEFFER ID# 23762

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385202**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY MIGUEL RODRIGUEZ ID# 129895

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385203**

Amount of Each Disbursement this Period

25.00

☒ 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY JANICE KALISKI ID# 149016

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385204**

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY DON THOMPSON ID# 130148

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385205**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY MERLE CROCKETT ID# 24521

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385206**

Amount of Each Disbursement this Period

15.00

☒ 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY JOHN MCHUGH ID# 104266

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	9			2	0	1	6		

FEC Identification Number

C C00581397

**Transaction ID : SB23.385207**

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY WALTER BOOMERSHINE ID# 113417

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	9			2	0	1	6		

FEC Identification Number

C C00581397

**Transaction ID : SB23.385208**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY DAVID WALL ID# 149019

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	9			2	0	1	6		

FEC Identification Number

C C00581397

**Transaction ID : SB23.385209**

Amount of Each Disbursement this Period

50.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0	0	0	0	0	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY ALLEN BURT ID# 21620

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	9			2	0	1	6		

FEC Identification Number

C C00581397

**Transaction ID : SB23.385210**

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY MARGARET LORENZO ID# 149020

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	9			2	0	1	6		

FEC Identification Number

C C00581397

**Transaction ID : SB23.385211**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY RICHARD GASSER ID# 36330

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	9			2	0	1	6		

FEC Identification Number

C C00581397

**Transaction ID : SB23.385212**

Amount of Each Disbursement this Period

15.00

☒ 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY VIRGIONIA OLAFSON ID# 149021

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385213**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY GARY BURNS ID# 148193

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385214**

Amount of Each Disbursement this Period

12.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY CRAWLEY JOYNER ID# 149022

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385215**

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY DOMINIC KRUS ID# 107226

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385216**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY JOAN CUMMINS ID# 6179

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385217**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY DEBORAH KOLB ID# 30717

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385218**

Amount of Each Disbursement this Period

25.00

☒ 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY HARRY SCHMIDT ID# 149023

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385228**

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY JEFFREY DALY ID# 149024

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385229**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY JIM KELLER ID# 130158

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385232**

Amount of Each Disbursement this Period

25.00

☒ 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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY BRADLEY TANGEN ID# 137566

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385188**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY ROBERT MCCLURE ID# 149026

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385189**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY CARL SICKNER ID# 149027

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385192**

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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY WENDELL BROWN ID# 6754

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385219**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY ROGER DEKOKER ID# 129704

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385220**

Amount of Each Disbursement this Period

3.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY RICHARD POWERS ID# 129643

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385221**

Amount of Each Disbursement this Period

10.00

☒ 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY JOAN SCHMIDT ID# 100558

001

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

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

FEC Identification Number

C C00581397

**Transaction ID : SB23.385222**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY WILLIAM PORTER ID# 142352

001

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 02

Date of Disbursement

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

FEC Identification Number

C C00581397

**Transaction ID : SB23.385223**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY ALLAN THOMAS ID# 108047

001

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

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

FEC Identification Number

C C00581397

**Transaction ID : SB23.385224**

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY ALLEN BAIRD ID# 149028

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

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

FEC Identification Number

C C00581397

**Transaction ID : SB23.385225**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY JO ANN BAUGHMAN ID# 3376

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 02

Date of Disbursement

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

FEC Identification Number

C C00581397

**Transaction ID : SB23.385226**

Amount of Each Disbursement this Period

70.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY WINTHROP ROBINSON ID# 127467

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

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

FEC Identification Number

C C00581397

**Transaction ID : SB23.385233**

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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY TED LAETSCH ID# 149029

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	6		

FEC Identification Number

C C00581397

**Transaction ID : SB23.385193**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY NANCY BORDEN ID# 35037

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	1	6		

FEC Identification Number

C C00581397

**Transaction ID : SB23.385190**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY ROBERT PANACCIOI ID# 149032

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	1	6		

FEC Identification Number

C C00581397

**Transaction ID : SB23.385234**

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY JAMES MCCRORY ID# 149033

001

Candidate Name

**THOMAS, MARY, , ,**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	1	6		

FEC Identification Number

**C** C00581397**Transaction ID : SB23.385235**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY WILLIS FORSTER ID# 15139

001

Candidate Name

**THOMAS, MARY, , ,**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	1	6		

FEC Identification Number

**C** C00581397**Transaction ID : SB23.385236**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY JOSEPH KAUFMAN ID# 149031

001

Candidate Name

**THOMAS, MARY, , ,**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

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

FEC Identification Number

**C** C00581397**Transaction ID : SB23.385227**

Amount of Each Disbursement this Period

100.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 71 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY ALFRED CHANG ID# 149034

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385237**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY ARTHUR PAGE ID# 149035

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385238**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385271**

Amount of Each Disbursement this Period

60.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

60.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY MARILYN GREENE ID# 19505

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385272**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY CLARO CHEN ID# 30290

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385273**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

FEC Identification Number

C C00581397

**Transaction ID : SB23.385373**

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

50.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 73 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY GYNETH RICHARDS ID# 148919

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

C C00581397

**Transaction ID : SB23.385374**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 02

Date of Disbursement

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

FEC Identification Number

C C00581397

**Transaction ID : SB23.385397**

Amount of Each Disbursement this Period

390.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY ALLEN SIMON ID# 1059

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	6		

FEC Identification Number

C C00581397

**Transaction ID : SB23.385398**

Amount of Each Disbursement this Period

250.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

390.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY CLARO CHEN ID# 30290

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

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

FEC Identification Number

C C00581397

**Transaction ID : SB23.385399**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY MANUEL SOUSA ID# 148195

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 02

Date of Disbursement

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

FEC Identification Number

C C00581397

**Transaction ID : SB23.385400**

Amount of Each Disbursement this Period

20.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY STEPHANIE VICKERY ID# 35279

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

FEC Identification Number

C C00581397

**Transaction ID : SB23.385401**

Amount of Each Disbursement this Period

10.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0	0	0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 75 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. MARY THOMAS FOR CONGRESS**

Mailing Address 3551 BLAIRSTONE ROAD STE 128-261

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
EARMARKED BY BOB WHITE ID# 140980

001

Category/  
Type

Candidate Name

**THOMAS, MARY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2016

FEC Identification Number

**C** C00581397**Transaction ID : SB23.385402**

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROD BLUM FOR CONGRESS**

Mailing Address 2728 ASBUSY ROAD STE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**BLUM, RODNEY, LELAND, ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2016

FEC Identification Number

**C** C00543926**Transaction ID : SB23.385183**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROD BLUM FOR CONGRESS**

Mailing Address 2728 ASBUSY ROAD STE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
EARMARKED BY STEVE WISE ID# 23981

001

Category/  
Type

Candidate Name

**BLUM, RODNEY, LELAND, ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2016

FEC Identification Number

**C** C00543926**Transaction ID : SB23.385184**

Amount of Each Disbursement this Period

200.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

300.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 76 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. ROD BLUM FOR CONGRESS**

Mailing Address 2728 ASBUSY ROAD STE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
EARMARKED BY JOSEPH KAUFMAN ID# 149031

001

Candidate Name

**BLUM, RODNEY, LELAND, ,**

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
0	8			2	6			2	0	1	6		

FEC Identification Number

C C00543926

**Transaction ID : SB23.385185**

Amount of Each Disbursement this Period

100.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROD BLUM FOR CONGRESS**

Mailing Address 2728 ASBUSY ROAD STE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Candidate Name

**BLUM, RODNEY, LELAND, ,**

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
0	9			0	8			2	0	1	6		

FEC Identification Number

C C00543926

**Transaction ID : SB23.385261**

Amount of Each Disbursement this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROD BLUM FOR CONGRESS**

Mailing Address 2728 ASBUSY ROAD STE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
EARMARKED BY GARY GREENE ID# 8061

001

Candidate Name

**BLUM, RODNEY, LELAND, ,**

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
0	9			0	2			2	0	1	6		

FEC Identification Number

C C00543926

**Transaction ID : SB23.385262**

Amount of Each Disbursement this Period

50.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

60.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. ROD BLUM FOR CONGRESS**

Mailing Address 2728 ASBUSY ROAD STE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
EARMARKED BY CLARO CHEN ID# 30290

001

Candidate Name

**BLUM, RODNEY, LELAND, ,**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
0	9			0	4			2	0	1	6		

FEC Identification Number

C C00543926

**Transaction ID : SB23.385263**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROD BLUM FOR CONGRESS**

Mailing Address 2728 ASBUSY ROAD STE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Candidate Name

**BLUM, RODNEY, LELAND, ,**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
0	9			1	6			2	0	1	6		

FEC Identification Number

C C00543926

**Transaction ID : SB23.385367**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROD BLUM FOR CONGRESS**

Mailing Address 2728 ASBUSY ROAD STE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
EARMARKED BY GYNETH RICHARDS ID# 148919

001

Candidate Name

**BLUM, RODNEY, LELAND, ,**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
0	9			0	8			2	0	1	6		

FEC Identification Number

C C00543926

**Transaction ID : SB23.385368**

Amount of Each Disbursement this Period

50.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

50.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 78 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. ROD BLUM FOR CONGRESS**

Mailing Address 2728 ASBUSY ROAD STE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**BLUM, RODNEY, LELAND, ,**

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
0	9			1	9			2	0	1	6		

FEC Identification Number

C C00543926

**Transaction ID : SB23.385381**

Amount of Each Disbursement this Period

45.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROD BLUM FOR CONGRESS**

Mailing Address 2728 ASBUSY ROAD STE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
EARMARKED BY CLARO CHEN ID# 30290

001

Category/  
Type

Candidate Name

**BLUM, RODNEY, LELAND, ,**

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
0	9			1	4			2	0	1	6		

FEC Identification Number

C C00543926

**Transaction ID : SB23.385382**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROD BLUM FOR CONGRESS**

Mailing Address 2728 ASBUSY ROAD STE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
EARMARKED BY STEPHANIE VICKERY ID# 35279

001

Category/  
Type

Candidate Name

**BLUM, RODNEY, LELAND, ,**

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
0	9			1	5			2	0	1	6		

FEC Identification Number

C C00543926

**Transaction ID : SB23.385383**

Amount of Each Disbursement this Period

10.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

45.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. ROD BLUM FOR CONGRESS**

Mailing Address 2728 ASBUSY ROAD STE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
EARMARKED BY JAMES GIDDENS ID# 149049

001

Candidate Name

**BLUM, RODNEY, LELAND, ,**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
0	9			1	8			2	0	1	6		

FEC Identification Number

C C00543926

**Transaction ID : SB23.385384**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROD BLUM FOR CONGRESS**

Mailing Address 2728 ASBUSY ROAD STE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Candidate Name

**BLUM, RODNEY, LELAND, ,**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
0	9			2	7			2	0	1	6		

FEC Identification Number

C C00543926

**Transaction ID : SB23.385462**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROD BLUM FOR CONGRESS**

Mailing Address 2728 ASBUSY ROAD STE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
EARMARKED BY KENNETH DAVIS ID# 129931

001

Candidate Name

**BLUM, RODNEY, LELAND, ,**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
0	9			2	2			2	0	1	6		

FEC Identification Number

C C00543926

**Transaction ID : SB23.385463**

Amount of Each Disbursement this Period

25.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

25.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. RON DESANTIS FOR FLORIDA**

Mailing Address 133 S HARBOR DRIVE

City  
VENICEState  
FLZip Code  
34285Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**DESANTIS, RONALD, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2016

FEC Identification Number

C C00511568

**Transaction ID : SB23.385179**

Amount of Each Disbursement this Period

210.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RON DESANTIS FOR FLORIDA**

Mailing Address 133 S HARBOR DRIVE

City  
VENICEState  
FLZip Code  
34285Purpose of Disbursement  
EARMARKED BY STEVE WISE ID# 23981

001

Category/  
Type

Candidate Name

**DESANTIS, RONALD, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		24		2016

FEC Identification Number

C C00511568

**Transaction ID : SB23.385180**

Amount of Each Disbursement this Period

200.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. RON DESANTIS FOR FLORIDA**

Mailing Address 133 S HARBOR DRIVE

City  
VENICEState  
FLZip Code  
34285Purpose of Disbursement  
EARMARKED BY NANCY BORDEN ID# 35037

001

Category/  
Type

Candidate Name

**DESANTIS, RONALD, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		25		2016

FEC Identification Number

C C00511568

**Transaction ID : SB23.385181**

Amount of Each Disbursement this Period

10.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

210.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. RON DESANTIS FOR FLORIDA**

Mailing Address 133 S HARBOR DRIVE

City  
VENICEState  
FLZip Code  
34285Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**DESANTIS, RONALD, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

C C00511568

**Transaction ID : SB23.385269**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RON DESANTIS FOR FLORIDA**

Mailing Address 133 S HARBOR DRIVE

City  
VENICEState  
FLZip Code  
34285Purpose of Disbursement  
EARMARKED BY CLARO CHEN ID# 30290

001

Category/  
Type

Candidate Name

**DESANTIS, RONALD, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 06

Date of Disbursement

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

FEC Identification Number

C C00511568

**Transaction ID : SB23.385270**

Amount of Each Disbursement this Period

10.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. RON DESANTIS FOR FLORIDA**

Mailing Address 133 S HARBOR DRIVE

City  
VENICEState  
FLZip Code  
34285Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**DESANTIS, RONALD, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 06

Date of Disbursement

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

FEC Identification Number

C C00511568

**Transaction ID : SB23.385371**

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

60.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. RON DESANTIS FOR FLORIDA**

Mailing Address 133 S HARBOR DRIVE

City  
VENICEState  
FLZip Code  
34285Purpose of Disbursement  
EARMARKED BY GYNETH RICHARDS ID# 148919

001

Category/  
Type

Candidate Name

**DESANTIS, RONALD, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

C C00511568

**Transaction ID : SB23.385372**

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. RON DESANTIS FOR FLORIDA**

Mailing Address 133 S HARBOR DRIVE

City  
VENICEState  
FLZip Code  
34285Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**DESANTIS, RONALD, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 06

Date of Disbursement

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

FEC Identification Number

C C00511568

**Transaction ID : SB23.385389**

Amount of Each Disbursement this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RON DESANTIS FOR FLORIDA**

Mailing Address 133 S HARBOR DRIVE

City  
VENICEState  
FLZip Code  
34285Purpose of Disbursement  
EARMARKED BY CLARO CHEN ID# 30290

001

Category/  
Type

Candidate Name

**DESANTIS, RONALD, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 06

Date of Disbursement

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

FEC Identification Number

C C00511568

**Transaction ID : SB23.385390**

Amount of Each Disbursement this Period

10.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

65.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 98

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

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NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

Full Name (Last, First, Middle Initial)

**A. RON DESANTIS FOR FLORIDA**

Mailing Address 133 S HARBOR DRIVE

City  
VENICEState  
FLZip Code  
34285Purpose of Disbursement  
EARMARKED BY MANUEL SOUSA ID# 148195

001

Category/  
Type

Candidate Name

**DESANTIS, RONALD, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL

District: 06

Date of Disbursement

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

FEC Identification Number

C C00511568

**Transaction ID : SB23.385391**

Amount of Each Disbursement this Period

20.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. RON DESANTIS FOR FLORIDA**

Mailing Address 133 S HARBOR DRIVE

City  
VENICEState  
FLZip Code  
34285Purpose of Disbursement  
EARMARKED BY WENDELL BROWN ID# 6754

001

Category/  
Type

Candidate Name

**DESANTIS, RONALD, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL

District: 06

Date of Disbursement

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

FEC Identification Number

C C00511568

**Transaction ID : SB23.385392**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. RON DESANTIS FOR FLORIDA**

Mailing Address 133 S HARBOR DRIVE

City  
VENICEState  
FLZip Code  
34285Purpose of Disbursement  
EARMARKED BY STEPHANIE VICKERY ID# 35279

001

Category/  
Type

Candidate Name

**DESANTIS, RONALD, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

FEC Identification Number

C C00511568

**Transaction ID : SB23.385393**

Amount of Each Disbursement this Period

10.00

☒ 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 84 OF 98

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

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. RON DESANTIS FOR FLORIDA**

Mailing Address 133 S HARBOR DRIVE

City  
VENICEState  
FLZip Code  
34285Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**DESANTIS, RONALD, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2016

FEC Identification Number

**C** C00511568**Transaction ID : SB23.385459**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address PO BOX 11431

City  
FORT WAYNEState  
INZip Code  
46858Purpose of Disbursement  
EARMARKED BY RADCLIFFE DALY ID# 148808

001

Category/  
Type

Candidate Name

**BANKS, JAMES, E, ,**

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
09	/	20	/	2016

FEC Identification Number

**C** C00577999**Transaction ID : SB23.385460**

Amount of Each Disbursement this Period

20.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. RON DESANTIS FOR FLORIDA**

Mailing Address 133 S HARBOR DRIVE

City  
VENICEState  
FLZip Code  
34285Purpose of Disbursement  
EARMARKED BY BOB KENNEDY ID# 149051

001

Category/  
Type

Candidate Name

**DESANTIS, RONALD, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2016

FEC Identification Number

**C** C00511568**Transaction ID : SB23.385461**

Amount of Each Disbursement this Period

35.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

35.00

4968.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 98

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

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. BANK OF AMERICA**

Mailing Address 100 N TRYON ST

City  
CHARLOTTEState  
NCZip Code  
28202Purpose of Disbursement  
PAC BANK FEE (NON-CONTRIBUTION ACCOUNT)

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2016

FEC Identification Number

C

Transaction ID : SB29.385251

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BEH DIRECT**

Mailing Address 600 CLARIDEN RANCH ROAD

City  
SOUTHLAKEState  
TXZip Code  
76092Purpose of Disbursement  
PAC DIRECT MAIL PRODUCTION (NON-CONTRIBUTION ACCOUNT)

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2016

FEC Identification Number

C

Transaction ID : SB29.385363

Amount of Each Disbursement this Period

8090.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INTERNAL REVENUE SERVICE**

Mailing Address 111 CONSTITUTION AVE NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
PAC TAXES (NON-CONTRIBUTION ACCOUNT)

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		14		2016

FEC Identification Number

C

Transaction ID : SB29.385309

Amount of Each Disbursement this Period

6263.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

14383.00

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

14383.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 86 OF 98

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**MADISON PROJECT INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RED METRICS LLC**

Nature of Debt (Purpose):

IE-THOMAS-ONLINE ADVERTISING

Mailing Address PO BOX 6014

City  
FRISCOState  
TXZip Code  
75035

Outstanding Balance Beginning This Period

14971.12

Transaction ID : SD10.6

Amount Incurred This Period

0.00

Payment This Period

14971.12

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

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

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

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

 PAGE 87 OF 98  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MADISON PROJECT INC.</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00298000	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report 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		
Mailing Address <b>PO BOX 15179</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 04 / 2016		
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	Amount <span style="border: 1px solid black; padding: 2px;">3.00</span>		
Purpose of Expenditure <b>ONLINE PROCESSING FEES</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Transaction ID : <b>SE.385168</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 04 / 2016		
Name of Federal Candidate: <b>BRIDENSTINE, JAMES, FREDERICK, ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>01</b> State: <b>OK</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">13.50</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>MADISON PROJECT INC.</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>PO BOX 15179</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 08 / 2016		
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	Amount <span style="border: 1px solid black; padding: 2px;">2.50</span>		
Purpose of Expenditure <b>ONLINE PROCESSING FEES</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Transaction ID : <b>SE.385306</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 08 / 2016		
Name of Federal Candidate: <b>BRIDENSTINE, JAMES, FREDERICK, ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>01</b> State: <b>OK</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">16.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">5.50</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL 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.					
Signature <b>KILGORE, PAUL, A, MR.,</b>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2016	

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

 PAGE 88 OF 98  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MADISON PROJECT INC.</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00298000	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report 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		
Mailing Address <b>PO BOX 15179</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 15 / 2016		
City <b>WASHINGTON</b>		State <b>DC</b>		Zip Code <b>20003</b>	
Purpose of Expenditure <b>ONLINE PROCESSING FEES</b>			Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		
Name of Federal Candidate: <b>BRIDENSTINE, JAMES, FREDERICK, ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>01</b> State: <b>OK</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">17.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>MADISON PROJECT INC.</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>PO BOX 15179</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 19 / 2016		
City <b>WASHINGTON</b>		State <b>DC</b>		Zip Code <b>20003</b>	
Purpose of Expenditure <b>ONLINE PROCESSING FEES</b>			Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		
Name of Federal Candidate: <b>BRIDENSTINE, JAMES, FREDERICK, ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>01</b> State: <b>OK</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">19.50</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">3.50</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL 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.					
Signature <b>KILGORE, PAUL, A, MR.,</b>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2016	



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

 PAGE 89 OF 98  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MADISON PROJECT INC.</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00298000	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report 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>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 04 / 2016		
Mailing Address PO BOX 15179			Amount <span style="border: 1px solid black; padding: 2px;">3.00</span>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : <b>SE.385167</b>
Purpose of Expenditure ONLINE PROCESSING FEES			Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 04 / 2016
Name of Federal Candidate: BLUM, RODNEY, LELAND, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 01 State: IA		
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) ▶		
Full Name of Payee <b>MADISON PROJECT INC.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 08 / 2016		
Mailing Address PO BOX 15179			Amount <span style="border: 1px solid black; padding: 2px;">2.50</span>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : <b>SE.385301</b>
Purpose of Expenditure ONLINE PROCESSING FEE			Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 08 / 2016
Name of Federal Candidate: BLUM, RODNEY, LELAND, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 01 State: IA		
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) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">5.50</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL 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.					
KILGORE, PAUL, A, MR., Signature			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2016		

[Electronically Filed]

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

 PAGE 90 OF 98  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MADISON PROJECT INC.</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00298000	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report 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		
Mailing Address <b>PO BOX 15179</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 18 / 2016		
City <b>WASHINGTON</b>		State <b>DC</b>		Zip Code <b>20003</b>	
Purpose of Expenditure <b>ONLINE PROCESSING FEES</b>			Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		
Amount <span style="border: 1px solid black; padding: 2px;">2.25</span>			Transaction ID : <b>SE.385353</b>		
Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 18 / 2016			Name of Federal Candidate: <b>BLUM, RODNEY, LELAND, ,</b>		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">23.75</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>MADISON PROJECT INC.</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>PO BOX 15179</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 22 / 2016		
City <b>WASHINGTON</b>		State <b>DC</b>		Zip Code <b>20003</b>	
Purpose of Expenditure <b>ONLINE PROCESSING FEES</b>			Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		
Amount <span style="border: 1px solid black; padding: 2px;">1.25</span>			Transaction ID : <b>SE.385455</b>		
Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 22 / 2016			Name of Federal Candidate: <b>BLUM, RODNEY, LELAND, ,</b>		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">25.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">3.50</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL 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.					
Signature <b>KILGORE, PAUL, A, MR.,</b>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2016	

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

 PAGE 91 OF 98  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MADISON PROJECT INC.</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00298000	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report 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		
Mailing Address <b>PO BOX 15179</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 04 / 2016		
City <b>WASHINGTON</b>		State <b>DC</b>	Zip Code <b>20003</b>		Amount <span style="border: 1px solid black; padding: 2px;">0.50</span>
Purpose of Expenditure <b>ONLINE PROCESSING FEES</b>			Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Transaction ID : <b>SE.385169</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 04 / 2016
Name of Federal Candidate: <b>DESANTIS, RONALD, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">0.50</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>MADISON PROJECT INC.</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>PO BOX 15179</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 08 / 2016		
City <b>WASHINGTON</b>		State <b>DC</b>	Zip Code <b>20003</b>		Amount <span style="border: 1px solid black; padding: 2px;">2.50</span>
Purpose of Expenditure <b>ONLINE PROCESSING FEES</b>			Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Transaction ID : <b>SE.385302</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 08 / 2016
Name of Federal Candidate: <b>DESANTIS, RONALD, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">3.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">3.00</span>	
(a) SUBTOTAL of Unitemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>	
(a) TOTAL 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.					
KILGORE, PAUL, A, MR., Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2016		

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

 PAGE 92 OF 98  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MADISON PROJECT INC.</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00298000	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report 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		
Mailing Address <b>PO BOX 15179</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 15 / 2016		
City <b>WASHINGTON</b>		State <b>DC</b>		Zip Code <b>20003</b>	
Purpose of Expenditure <b>ONLINE PROCESSING FEES</b>			Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		
Amount <span style="border: 1px solid black; padding: 2px;">3.25</span>			Transaction ID : <b>SE.385355</b>		
Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 15 / 2016					
Name of Federal Candidate: <b>DESANTIS, RONALD, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>06</b> State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6.25</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>MADISON PROJECT INC.</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>PO BOX 15179</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 20 / 2016		
City <b>WASHINGTON</b>		State <b>DC</b>		Zip Code <b>20003</b>	
Purpose of Expenditure <b>ONLINE PROCESSING FEES</b>			Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		
Amount <span style="border: 1px solid black; padding: 2px;">1.75</span>			Transaction ID : <b>SE.385454</b>		
Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 20 / 2016					
Name of Federal Candidate: <b>DESANTIS, RONALD, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>06</b> State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">8.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">5.00</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL 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.					
Signature <b>KILGORE, PAUL, A, MR.,</b>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2016	

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

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MADISON PROJECT INC.</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00298000       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>MADISON PROJECT INC.</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  09 / 04 / 2016 </div>	
Mailing Address <b>PO BOX 15179</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="float: right;">3.00</span> </div>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	<b>Transaction ID : SE.385166</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  09 / 04 / 2016 </div>
Purpose of Expenditure <b>ONLINE PROCESSING FEES</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate: <b>BANKS, JAMES, E, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>03</b> State: <b>IN</b>	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="float: right;">14.75</span> </div>			

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>MADISON PROJECT INC.</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  09 / 08 / 2016 </div>	
Mailing Address <b>PO BOX 15179</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="float: right;">2.50</span> </div>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	<b>Transaction ID : SE.385300</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  09 / 08 / 2016 </div>
Purpose of Expenditure <b>ONLINE PROCESSING FEE</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate: <b>BANKS, JAMES, E, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>03</b> State: <b>IN</b>	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="float: right;">17.25</span> </div>			

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="float: right;">5.50</span> </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="float: right;"> </span> </div>
<b>(a) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="float: right;"> </span> </div>

  

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.

*KILGORE, PAUL, A, MR.,*

Signature

*[Electronically Filed]*

Date MM / DD / YYYY

10 / 20 / 2016

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

 PAGE 94 OF 98  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MADISON PROJECT INC.</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00298000	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report 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		
Mailing Address <b>PO BOX 15179</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 15 / 2016		
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	Amount <span style="border: 1px solid black; padding: 2px;">1.00</span>		
Purpose of Expenditure <b>ONLINE PROCESSING FEES</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Transaction ID : <b>SE.385352</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 15 / 2016		
Name of Federal Candidate: <b>BANKS, JAMES, E, ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>03</b> State: <b>IN</b> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">18.25</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>MADISON PROJECT INC.</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>PO BOX 15179</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 20 / 2016		
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	Amount <span style="border: 1px solid black; padding: 2px;">1.00</span>		
Purpose of Expenditure <b>ONLINE PROCESSING FEES</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Transaction ID : <b>SE.385453</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 20 / 2016		
Name of Federal Candidate: <b>BANKS, JAMES, E, ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>03</b> State: <b>IN</b> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">19.25</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">2.00</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL 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.					
Signature <b>KILGORE, PAUL, A, MR.,</b>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2016	

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

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MADISON PROJECT INC.</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00298000	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>MADISON PROJECT INC.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 04 / 2016		
Mailing Address PO BOX 15179			Amount <span style="border: 1px solid black; padding: 2px;">3.00</span>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : <b>SE.385170</b>
Purpose of Expenditure ONLINE PROCESSING FEES			Category/Type 001		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 04 / 2016
Name of Federal Candidate: THOMAS, MARY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: FL
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) ▶		
Full Name of Payee <b>MADISON PROJECT INC.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 08 / 2016		
Mailing Address PO BOX 15179			Amount <span style="border: 1px solid black; padding: 2px;">2.50</span>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : <b>SE.385303</b>
Purpose of Expenditure ONLINE PROCESSING FEES			Category/Type 001		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 08 / 2016
Name of Federal Candidate: THOMAS, MARY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: FL
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) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">5.50</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL 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.					
KILGORE, PAUL, A, MR., Signature			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 20 / 2016		

[Electronically Filed]

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

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MADISON PROJECT INC.</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00298000	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report 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;">M M / D D / Y Y Y Y Y Y</span> 09 / 15 / 2016	
Mailing Address PO BOX 15179			Amount <span style="border: 1px solid black; padding: 2px;">19.50</span>	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : <b>SE.385356</b>	
Purpose of Expenditure ONLINE PROCESSING FEES		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 15 / 2016	
Name of Federal Candidate: THOMAS, MARY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">15110.52</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <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;">M M / D D / Y Y Y Y Y Y</span> 09 / 04 / 2016	
Mailing Address PO BOX 15179			Amount <span style="border: 1px solid black; padding: 2px;">3.00</span>	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : <b>SE.385171</b>	
Purpose of Expenditure ONLINE PROCESSING FEES		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 04 / 2016	
Name of Federal Candidate: WILLIS, COLM, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">296.80</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">22.50</span>	
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
(a) TOTAL 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.				
KILGORE, PAUL, A, MR., Signature			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2016	

[Electronically Filed]



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

 PAGE 97 OF 98  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MADISON PROJECT INC.</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00298000	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report 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		
Mailing Address <b>PO BOX 15179</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 08 / 2016		
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	Amount <span style="border: 1px solid black; padding: 2px;">2.50</span>		
Purpose of Expenditure <b>ONLINE PROCESSING FEES</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Transaction ID : <b>SE.385304</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 08 / 2016		
Name of Federal Candidate: <b>WILLIS, COLM, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>05</b> State: <b>OR</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">299.30</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>MADISON PROJECT INC.</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>PO BOX 15179</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 15 / 2016		
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	Amount <span style="border: 1px solid black; padding: 2px;">27.00</span>		
Purpose of Expenditure <b>ONLINE PROCESSING FEES</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Transaction ID : <b>SE.385357</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 15 / 2016		
Name of Federal Candidate: <b>WILLIS, COLM, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>05</b> State: <b>OR</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">326.30</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">29.50</span>		
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(a) TOTAL 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.					
KILGORE, PAUL, A, MR., Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2016	

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

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MADISON PROJECT INC.</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00298000	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on	
Full Name of Payee <b>RED METRICS LLC</b>				Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 29 / 2016</b>	
Mailing Address <b>PO BOX 6014</b>				Amount <b>14971.12</b>	
City <b>FRISCO</b>		State <b>TX</b>		Zip Code <b>75035</b>	
Purpose of Expenditure <b>IE-THOMAS-ONLINE ADVERTISING (NON-CONTRIBUTION ACCOUNT)</b>				Transaction ID : <b>SE.385252</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 06 / 2016</b>	
Name of Federal Candidate: <b>THOMAS, MARY, , ,</b>				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>02</b> State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>15085.52</b>				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	
Mailing Address				Amount	
City		State		Zip Code	
Purpose of Expenditure				Date of Disbursement or Obligation	
Name of Federal Candidate:				Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
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 .....				<b>14971.12</b>	
(a) SUBTOTAL of Unitemized Independent Expenditures .....					
(a) TOTAL Independent Expenditures .....				<b>15062.12</b>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>KILGORE, PAUL, A, MR.,</u> <div style="text-align: right;">[Electronically Filed]</div>				Date MM / DD / YYYY <b>10 / 20 / 2016</b>	