

**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 15179

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00298000

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
05 01 2014

through

M M M / D D D / Y Y Y Y Y Y
05 31 2014

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

Type or Print Name of Treasurer PAUL A KILGORE

Signature of Treasurer

PAUL A KILGORE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
06 24 2014

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MADISON PROJECT INC.

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 05 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y
 05 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		252316.87
(b) Cash on Hand at Beginning of Reporting Period.....	150791.50	
(c) Total Receipts (from Line 19)	217239.04	1305869.69
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	368030.54	1558186.56
7. Total Disbursements (from Line 31)	239243.76	1429399.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	128786.78	128786.78
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

MADISON PROJECT INC.

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 05 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y
 05 / 31 / 2014
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).....

98516.14

373826.81

(ii) Unitemized

110788.38

851788.88

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

209304.52

1225615.69

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

1500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

209304.52

1227115.69

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

855.33

45177.37

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

7079.19

33576.63

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))..... ▶

217239.04

1305869.69

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

217239.04

1305869.69

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	193332.41	1317725.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	193332.41	1317725.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16094.14	71994.14
24. Independent Expenditures (use Schedule E)	29817.21	38680.41
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	239243.76	1429399.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	239243.76	1429399.78

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	209304.52	1227115.69
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	209304.52	1227115.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	193332.41	1317725.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	855.33	45177.37
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	192477.08	1272547.86

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. ROBERT ABRAMS

Mailing Address 410 MOUNT LOWE DR

City State Zip Code
 BAKERSFIELD CA 93309

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID : SA11AI.282326

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. ROBERT ABRAMS

Mailing Address 410 MOUNT LOWE DR

City State Zip Code
 BAKERSFIELD CA 93309

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : SA11AI.282327

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. BARBARA ADRIC

Mailing Address 2767 E ATSINA DR

City State Zip Code
 SIERRA VISTA AZ 85650

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA11AI.283890

Amount of Each Receipt this Period

60.00

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

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

960.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 311

(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 (Last, First, Middle Initial)

A. WILLIAM AGEE

Mailing Address 605 SUMMIT LAKE CT.

City

KNOXVILLE

State

TN

Zip Code

37922

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INDUSTRIAL WATER TREATMENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID : SA11AI.280834

Amount of Each Receipt this Period

150.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

B. MR MIKE AGEE

Mailing Address 605 SUMMIT LAKE CT

City

KNOXVILLE

State

TN

Zip Code

37922

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INDUSTRIAL WATER TREATMENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.283476

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. ROBERT AITKEN

Mailing Address 15619 GETTYSBURG DR

City

TOMBALL

State

TX

Zip Code

77377

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : SA11AI.281639

Amount of Each Receipt this Period

150.00

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

900.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 8 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. JAMES ALBRIGHT

Mailing Address 51 BROOKSIDE BLVD

City State Zip Code
 WEST HARTFORD CT 06107

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.282599

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

B. JANIS ALBRITTON

Mailing Address 9051 SHORT CHIP CIR

City State Zip Code
 PORT SAINT LUCIE FL 34986

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.281359

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. RUTH ALLEN

Mailing Address 345 W 2ND AVE

City State Zip Code
 GARNETT KS 66032

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID : SA11AI.282770

Amount of Each Receipt this Period

40.00

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

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

333.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. JOHN S ARMANINI

Mailing Address 118 N SAN PEDRO RD.

City
SAN RAFAEL

State Zip Code
CA 94903

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

05 / 22 / 2014

Transaction ID : SA11AI.280627

Amount of Each Receipt this Period

15.00

EM/MCDANIEL/TRANS05282014

Full Name (Last, First, Middle Initial)

B. MARY ARMSTRONG

Mailing Address 5555 FRIENDSHIP BLVD APT 711

City
CHEVY CHASE

State Zip Code
MD 20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 08 / 2014

Transaction ID : SA11AI.282223

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. MICHAEL ARMSTRONG

Mailing Address 7333 TANAQUA LN

City
AUSTIN

State Zip Code
TX 78739

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 19 / 2014

Transaction ID : SA11AI.283342

Amount of Each Receipt this Period

100.00

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

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

415.00

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

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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 10 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. KATHRYN AZEVEDO

Mailing Address 1108 VALLEY VIEW DR

City
ENNIS

State Zip Code
TX 75119

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.281995

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. FRED BACOT

Mailing Address 3101 EMOGENE ST

City
MOBILE

State Zip Code
AL 36606

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.281671

Amount of Each Receipt this Period

2.00

Full Name (Last, First, Middle Initial)

C. KEN BAER

Mailing Address 27 COKER DR

City
AIKEN

State Zip Code
SC 29803

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11AI.282796

Amount of Each Receipt this Period

50.00

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

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

252.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 311
(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 (Last, First, Middle Initial)

A. KEN BAER

Mailing Address 27 COKER DR

City State Zip Code
 AIKEN SC 29803

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11AI.282797

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. TIM BAILEY

Mailing Address 18311 NAPA ST

City State Zip Code
 NORTHRIDGE CA 91325

FEC ID number of contributing
federal political committee.

C

Name of Employer

TBA INC

Occupation

SALES EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.284196

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. BRENDA BALLER

Mailing Address 3926 S MAGNOLIA WAY

City State Zip Code
 DENVER CO 80237

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA11AI.284203

Amount of Each Receipt this Period

1500.00

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

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

1650.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. KRISTINE BALLESTRO

Mailing Address 201 SUNCREEK DR.

City
ALLEN

State Zip Code
TX 75013

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

05 / 21 / 2014

Transaction ID : SA11AI.280654

Amount of Each Receipt this Period

10.00

EM/RATCLIFFE/TRANS05282014

Full Name (Last, First, Middle Initial)

B. WALT BARNA

Mailing Address 5A LONG RD

City
DENVER

State Zip Code
NJ 07834

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 20 / 2014

Transaction ID : SA11AI.280609

Amount of Each Receipt this Period

50.00

EM/MCDANIEL/TRANS05282014

Full Name (Last, First, Middle Initial)

C. NORMAN BARNETT

Mailing Address 35 LAZENBY ST

City
MONROEVILLE

State Zip Code
AL 36460

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.281256

Amount of Each Receipt this Period

300.00

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

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

360.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 311

(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 (Last, First, Middle Initial)

A. NANCY BARNHART

Mailing Address 7370 WALSH RD

City State Zip Code
MILLINGTON TN 38053

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID : SA11AI.282427

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. LINDA BARTEN

Mailing Address 2239 VANE RD

City State Zip Code
CHAPMAN KS 67431

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTRAL NATIONAL BANK

Occupation

BANKING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11AI.280613

Amount of Each Receipt this Period

20.00

EM/MCDANIEL/TRANS05282014

Full Name (Last, First, Middle Initial)

C. BETTY BASSETT

Mailing Address 56673 PLEASANT HILL DR

City State Zip Code
COQUILLE OR 97423

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.280745

Amount of Each Receipt this Period

25.00

EM/SASSE/TRANS05142014

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

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

195.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BETTY BASSETT

Mailing Address 56673 PLEASANT HILL DR

City State Zip Code
COQUILLE OR 97423

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.280572

Amount of Each Receipt this Period

25.00

EM/BEVIN/TRANS05212014

Full Name (Last, First, Middle Initial)

B. BETTY BASSETT

Mailing Address 56673 PLEASANT HILL DR

City State Zip Code
COQUILLE OR 97423

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.280587

Amount of Each Receipt this Period

25.00

EM/BROUN/05212014

Full Name (Last, First, Middle Initial)

C. BETTY BASSETT

Mailing Address 56673 PLEASANT HILL DR

City State Zip Code
COQUILLE OR 97423

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.280670

Amount of Each Receipt this Period

25.00

EM/WOLF/TRANS05212014

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

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

75.00

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 15 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BETTY BASSETT

Mailing Address 56673 PLEASANT HILL DR

City State Zip Code
 COQUILLE OR 97423

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 22 / 2014

Transaction ID : SA11AI.280626

Amount of Each Receipt this Period

50.00

EM/MCDANIEL/TRANS05282014

Full Name (Last, First, Middle Initial)

B. BETTY BASSETT

Mailing Address 56673 PLEASANT HILL DR

City State Zip Code
 COQUILLE OR 97423

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 22 / 2014

Transaction ID : SA11AI.280718

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. BETTY BASSETT

Mailing Address 56673 PLEASANT HILL DR

City State Zip Code
 COQUILLE OR 97423

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

05 / 24 / 2014

Transaction ID : SA11AI.280595

Amount of Each Receipt this Period

15.00

EM/JOHNSON/TRANS05282014

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

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

90.00

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 311
(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 (Last, First, Middle Initial)

A. BETTY BASSETT

Mailing Address 56673 PLEASANT HILL DR

City State Zip Code
 COQUILLE OR 97423

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

05 / 24 / 2014

Transaction ID : SA11AI.280633

Amount of Each Receipt this Period

15.00

EM/MCDANIEL/TRANS05282014

Full Name (Last, First, Middle Initial)

B. BETTY BASSETT

Mailing Address 56673 PLEASANT HILL DR

City State Zip Code
 COQUILLE OR 97423

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

05 / 24 / 2014

Transaction ID : SA11AI.280640

Amount of Each Receipt this Period

15.00

EM/MANESS/TRANS05282014

Full Name (Last, First, Middle Initial)

C. BETTY BASSETT

Mailing Address 56673 PLEASANT HILL DR

City State Zip Code
 COQUILLE OR 97423

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

05 / 24 / 2014

Transaction ID : SA11AI.280661

Amount of Each Receipt this Period

15.00

EM/SASSE/TRANS05282014

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 Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BETTY BASSETT

Mailing Address 56673 PLEASANT HILL DR

City State Zip Code
COQUILLE OR 97423

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 24 / 2014

Transaction ID : SA11AI.280672

Amount of Each Receipt this Period

15.00

EM/WOLF/TRANS05282014

Full Name (Last, First, Middle Initial)

B. BETTY BASSETT

Mailing Address 56673 PLEASANT HILL DR

City State Zip Code
COQUILLE OR 97423

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 28 / 2014

Transaction ID : SA11AI.280575

Amount of Each Receipt this Period

15.00

EM/BEVIN/TRANS05282014

Full Name (Last, First, Middle Initial)

C. JO ANN BAUGHMAN

Mailing Address PO BOX 1269

City State Zip Code
PHILOMATH OR 97370

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

123.00

Date of Receipt

05 / 05 / 2014

Transaction ID : SA11AI.280836

Amount of Each Receipt this Period

45.00

EM/SASSE/TRANS05072014

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

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

75.00

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 311

(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 (Last, First, Middle Initial)

A. ROGER BECHTEL

Mailing Address 2410 PASEO DEL LAGO

City
PALMHURST

State Zip Code
TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11AI.281965

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. ROSE M BEDDINGFIELD

Mailing Address 708 SUMMERGLEN DR.

City
COLLEGE STATION

State Zip Code
TX 77840

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 18 / 2014

Transaction ID : SA11AI.280561

Amount of Each Receipt this Period

25.00

EM/JOHNSON/TRANS05212014

Full Name (Last, First, Middle Initial)

C. MR. CHRIS E BEEMER

Mailing Address 7412 MCGEORGE ROAD

City
MILFORD

State Zip Code
KS 66514

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.280807

Amount of Each Receipt this Period

25.00

EM/SASSE/TRANS05072014

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

250.00

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 311
(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 (Last, First, Middle Initial)

A. JOAN BEHRENS

Mailing Address 19 BEARFORT TER

City State Zip Code
 RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 02 / 2014

Transaction ID : SA11AI.282983

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MARSHA BEHRINGER

Mailing Address 7433 N YUCCA RIDGE RD

City State Zip Code
 GLENDORA CA 91741

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.281728

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. PATRICIA BELLAIRS

Mailing Address 3005 W BAY VISTA AVE

City State Zip Code
 TAMPA FL 33611

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.281642

Amount of Each Receipt this Period

250.00

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

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

550.00

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 311
(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 (Last, First, Middle Initial)

A. WADE H BENNETT

Mailing Address 4650 JARVIS RD.

City
HILLSBORO

State Zip Code
MO 63050

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.280751

Amount of Each Receipt this Period

25.00

EM/SASSE/TRANS05142014

Full Name (Last, First, Middle Initial)

B. WADE H BENNETT

Mailing Address 4650 JARVIS RD.

City
HILLSBORO

State Zip Code
MO 63050

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 21 / 2014

Transaction ID : SA11AI.280621

Amount of Each Receipt this Period

25.00

EM/MCDANIEL/TRANS05282014

Full Name (Last, First, Middle Initial)

C. PAUL BENTSON

Mailing Address 1031 BENTLEY DR

City
NAPLES

State Zip Code
FL 34110

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.281233

Amount of Each Receipt this Period

100.00

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 21 OF 311
 (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 (Last, First, Middle Initial)

A. ROBERT BERNATCHEZ

Mailing Address 26 MARK CIR

City
RUTLANDState Zip Code
MA 01543FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	4

Transaction ID : SA11AI.283388

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. ROBERT BLEDSOE

Mailing Address S5240 DAMAR PRIVATE DR

City
EAU CLAIREState Zip Code
WI 54701FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	4

Transaction ID : SA11AI.283527

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

C. WILLIAM BLEIMEISTER

Mailing Address 37 OYSTER REEF DR

City
HILTON HEAD ISLANDState Zip Code
SC 29926FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	4

Transaction ID : SA11AI.281768

Amount of Each Receipt this Period

300.00

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

455.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. JAMES BONNER

Mailing Address 275 PLEASANT ST.

City
MILTON

State
MA

Zip Code
02186

FEC ID number of contributing
federal political committee.

C

Name of Employer

US AIRWAYS

Occupation

TECH OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.280825

Amount of Each Receipt this Period

25.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

B. JEFFREY I BONZON

Mailing Address 13801 WALSINGHAM RD.
A-411

City
LARGO

State
FL

Zip Code
33774

FEC ID number of contributing
federal political committee.

C

Name of Employer

US AIRWAYS

Occupation

PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 06 / 2014

Transaction ID : SA11AI.280578

Amount of Each Receipt this Period

100.00

EM/BIRMAN/TRANS05142014

Full Name (Last, First, Middle Initial)

C. BERNICE BOUCHER

Mailing Address 4585 N SAWYER RD

City
OCONOMOWOC

State
WI

Zip Code
53066

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.281625

Amount of Each Receipt this Period

100.00

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

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

225.00

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 23 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. PETER BRADY

Mailing Address 36 IRVING ST

City

BETHPAGE

State

NY

Zip Code

11714

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.283157

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. SPENCER BRAND

Mailing Address 4010 MILLCREEK DR

City

ANNANDALE

State

VA

Zip Code

22003

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.280800

Amount of Each Receipt this Period

50.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

C. ERVIN BRANDON

Mailing Address 18584 VISTA DR

City

JAMESTOWN

State

CA

Zip Code

95327

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.284307

Amount of Each Receipt this Period

40.00

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

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

190.00

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 24 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BEVERLY BRAUER

Mailing Address 1652 SE SKYLINE DR

City
SANTA ANA

State Zip Code
CA 92705

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11AI.284074

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. CHARLIE BRICKETT

Mailing Address 4 BOWSPRIT LN

City
SALEM

State Zip Code
SC 29676

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.284210

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

C. MS. BEATRICE T BRITTON

Mailing Address PO BOX 2327

City
SOUTH HAMILTON

State Zip Code
MA 01982

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.283150

Amount of Each Receipt this Period

200.00

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

440.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. JEROME BRONIKOWSKI

Mailing Address 318 WHITE OAK FARM DR

City
TOCCOA

State Zip Code
GA 30577

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.284057

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. WENDELL BROWN

Mailing Address 300 N FILLMORE ST

City
ARLINGTON

State Zip Code
VA 22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280801

Amount of Each Receipt this Period

35.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

C. ROBINSON BROWN

Mailing Address 3600 WOODSIDE RD

City
LOUISVILLE

State Zip Code
KY 40222

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 06 / 2014

Transaction ID : SA11AI.280690

Amount of Each Receipt this Period

250.00

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

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

1035.00

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 26 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MABEL BROWN

Mailing Address 115 N STATE ST

City
GENESEO

State Zip Code
IL 61254

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.281450

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. RACHAEL BROWN

Mailing Address 18412 PAMMY LN

City

HUNTINGTON BEACH

State Zip Code
CA 92648

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.282916

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. HAROLD BROWN

Mailing Address 1336 WALNUT ST

City

KINGMAN

State Zip Code
KS 67068

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.281532

Amount of Each Receipt this Period

200.00

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

665.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. W BUCKTHAL

Mailing Address 900 S LINCOLN ST

City

AMARILLO

State

TX

Zip Code

79101

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PETROLEUM GEOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.283627

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SCOTT BUELING

Mailing Address 10604 DEERBERRY DR

City

LAND O LAKES

State

FL

Zip Code

34638

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.280660

Amount of Each Receipt this Period

25.00

EM/SASSE/TRANS05212014

Full Name (Last, First, Middle Initial)

C. MRS. MARY M. BUERGER

Mailing Address 115 SONY RIDGE CT.

City

HILLSDALE

State

MI

Zip Code

49242

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.280830

Amount of Each Receipt this Period

100.00

EM/SASSE/TRANS05072014

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

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

1125.00

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 311
(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 (Last, First, Middle Initial)

A. MARY BUERGER

Mailing Address 115 STONY RIDGE CT

City State Zip Code
HILLSDALE MI 49242

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2014

Transaction ID : SA11AI.280681

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MARY BUERGER

Mailing Address 115 STONY RIDGE CT

City State Zip Code
HILLSDALE MI 49242

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.282943

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MARY BUERGER

Mailing Address 115 STONY RIDGE CT

City State Zip Code
HILLSDALE MI 49242

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 18 / 2014

Transaction ID : SA11AI.280562

Amount of Each Receipt this Period

200.00

EM/JOHNSON/TRANS05212014

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

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

950.00

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 29 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MARY BUERGER

Mailing Address 115 STONY RIDGE CT

City
HILLSDALE

State Zip Code
MI 49242

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

05 / 22 / 2014

Transaction ID : SA11AI.280716

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. DAVID BUFKIN

Mailing Address PO BOX 630

City
BRENHAM

State Zip Code
TX 77834

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.283442

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. JOE BUHLERT

Mailing Address 3738 LONGVIEW DR

City
CARLSBAD

State Zip Code
CA 92010

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.284129

Amount of Each Receipt this Period

100.00

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

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

225.00

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 30 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. RUTH BURROWS

Mailing Address 47 STONERIDGE RD

City
PONCA CITY

State Zip Code
OK 74604

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

05 / 08 / 2014

Transaction ID : SA11AI.281456

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. RUTH BURROWS

Mailing Address 47 STONERIDGE RD

City
PONCA CITY

State Zip Code
OK 74604

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.281457

Amount of Each Receipt this Period

345.00

Full Name (Last, First, Middle Initial)

C. CHARLES BURT

Mailing Address 8S041 CREEK DR

City
NAPERVILLE

State Zip Code
IL 60540

FEC ID number of contributing
federal political committee.

C

Name of Employer

C. T. BURT SALES

Occupation

SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.282595

Amount of Each Receipt this Period

600.00

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

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

1145.00

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 31 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. ALLEN BURT

Mailing Address 13715 N WILD HAZEL LN

City
MARANA

State Zip Code
AZ 85658

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

MM / DD / YYYY
05 / 05 / 2014

Transaction ID : SA11AI.282653

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. JOHN BUSH

Mailing Address 1514 212TH ST

City
BAYSIDE

State Zip Code
NY 11360

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

MM / DD / YYYY
05 / 16 / 2014

Transaction ID : SA11AI.284174

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. CAROL CALAMAI

Mailing Address 162 RAYS BRANCH ROAD

City
BOWLING GREEN

State Zip Code
KY 42101

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

MM / DD / YYYY
05 / 01 / 2014

Transaction ID : SA11AI.280820

Amount of Each Receipt this Period

20.00

EM/SASSE/TRANS05072014

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

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

720.00

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 32 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. CAROL CALAMAI

Mailing Address 162 RAYS BRANCH ROAD

City State Zip Code
 BOWLING GREEN KY 42101

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

05 / 05 / 2014

Transaction ID : SA11AI.280772

Amount of Each Receipt this Period

20.00

EM/MOONEY/TRANS05142014

Full Name (Last, First, Middle Initial)

B. MR. BRUCE J CAMERON

Mailing Address PO BOX 431

City State Zip Code
 PEARCE AZ 85625

FEC ID number of contributing
federal political committee.

C

Name of Employer

COCHISE POSTHASTE

Occupation

MAILMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280796

Amount of Each Receipt this Period

5.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

C. B CARLIN

Mailing Address 808 HYLANE ST

City State Zip Code
 LUFKIN TX 75904

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.282172

Amount of Each Receipt this Period

300.00

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

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

325.00

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 311

(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 (Last, First, Middle Initial)

A. JAMES CAROLLO

Mailing Address 1020 15TH ST APT 13E

City
DENVER

State Zip Code
CO 80202

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2014

Transaction ID : SA11AI.284349

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JOSEPH CARSON

Mailing Address 101 WALNUT AVE

City

SAINT CLAIRSVILLE

State Zip Code
OH 43950

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHIO VALLEY DAIRY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2014

Transaction ID : SA11AI.281693

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. BRENDA CASEY

Mailing Address PO BOX 33650

City

PORTLAND

State Zip Code
OR 97292

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11AI.283386

Amount of Each Receipt this Period

200.00

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

1280.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. EDNA CHAMBERS

Mailing Address PO BOX 111719

City
TACOMA

State Zip Code
WA 98411

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.281369

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. CLARO CHEN

Mailing Address 19348 EMPTY SADDLE

City
WALNUT

State Zip Code
CA 91788

FEC ID number of contributing
federal political committee.

C

Name of Employer

D.H.S.

Occupation

FEDERAL EMPLOYEE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170.00

Date of Receipt

05 / 05 / 2014

Transaction ID : SA11AI.280741

Amount of Each Receipt this Period

10.00

EM/SASSE/TRANS05142014

Full Name (Last, First, Middle Initial)

C. DARYL CHESTERMAN

Mailing Address PO BOX 997

City
ROYAL CITY

State Zip Code
WA 99357

FEC ID number of contributing
federal political committee.

C

Name of Employer

PARTS CITY INC.

Occupation

AUTO PARTS SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.282136

Amount of Each Receipt this Period

100.00

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

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

360.00

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 35 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MATT CIESLEWICZ

Mailing Address 26014 FIONA SKY LN.

City
KATY

State
TX

Zip Code
77494

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEMORIAL HERMANN

Occupation

PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 05 / 2014

Transaction ID : SA11AI.280837

Amount of Each Receipt this Period

50.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

B. LAWRENCE J CLIFFORD

Mailing Address 20517 BERNARD WAY

City
REDDING

State
CA

Zip Code
96003

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.283258

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. ALAN COBB

Mailing Address 77 WENDOVER WAY

City
BEDFORD

State
NH

Zip Code
03110

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.282052

Amount of Each Receipt this Period

450.00

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

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

1000.00

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 36 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. JAMES COLLINS

Mailing Address 18503 PARK GROVE LN

City

DALLAS

State

TX

Zip Code

75287

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 05 / 2014

Transaction ID : SA11AI.282855

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. RICHARD COLLINS

Mailing Address 940 TOURNAMENT DR

City

HILLSBOROUGH

State

CA

Zip Code

94010

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.283270

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MARY COLWELL

Mailing Address 140 MARICOPA CIR

City

ENON

State

OH

Zip Code

45323

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.281786

Amount of Each Receipt this Period

60.00

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

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

360.00

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 37 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MARY COLWELL

Mailing Address 140 MARICOPA CIR

City
ENON

State
OH

Zip Code
45323

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.281787

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. EDMUND CONWAY

Mailing Address 108 CONIES RUN

City

WILLIAMSBURG

State

VA

Zip Code

23185

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

05 / 19 / 2014

Transaction ID : SA11AI.281547

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. R COSBY

Mailing Address 18168 DOGWOOD TRAIL RD

City

ROCKVILLE

State

VA

Zip Code

23146

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2014

Transaction ID : SA11AI.283310

Amount of Each Receipt this Period

250.00

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

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

410.00

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 38 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. HELEN COSENTINO

Mailing Address 1988 ELDER WAY

City State Zip Code
 HAYWARD CA 94545

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.284222

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DAVID COX

Mailing Address 6482 S LAFAYETTE ST

City State Zip Code
 CENTENNIAL CO 80121

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.282550

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. ELIZABETH CRAINE

Mailing Address 5478 GLORIOUS TRAIL

City State Zip Code
 BROOKSVILLE FL 34602

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 03 / 2014

Transaction ID : SA11AI.280648

Amount of Each Receipt this Period

15.00

EM/MOONEY/TRANS05072014

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

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

415.00

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 39 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BYRON CROCKER

Mailing Address 2025 HANOVER CIR

City
BEAUMONT

State Zip Code
TX 77706

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

05 / 14 / 2014

Transaction ID : SA11AI.282134

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. MERLE CROCKETT

Mailing Address 590 E. HWY T

City
LAMAR

State Zip Code
MO 64759

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.280823

Amount of Each Receipt this Period

20.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

C. MERLE CROCKETT

Mailing Address 590 E. HWY T

City
LAMAR

State Zip Code
MO 64759

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.280664

Amount of Each Receipt this Period

20.00

EM/SMITH/TRANS05142014

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

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

85.00

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 40 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. DENNIS CROUCH

Mailing Address 3069 RANCHFIELD DR

City State Zip Code
 BEAVERCREEK OH 45432

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.281820

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. DEAN CUNNINGHAM

Mailing Address 1920 GLENDALE DR

City State Zip Code
 EDMOND OK 73034

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.282374

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. CARL CUPIT

Mailing Address 172 NEW HOPE RD NE

City State Zip Code
 MEADVILLE MS 39653

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.283666

Amount of Each Receipt this Period

400.00

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

550.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MR. JOE CZERMAK

Mailing Address 31 5TH ST

City

RIDGEFIELD PARK

State

NJ

Zip Code

07660

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280814

Amount of Each Receipt this Period

10.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

B. LESLIE DANIELS

Mailing Address 3 HARTURA PT

City

HOT SPRINGS

State

AR

Zip Code

71909

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.284082

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. KENT DAVIS

Mailing Address 1340 DEL ALTAIR AVE

City

REEDLEY

State

CA

Zip Code

93654

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 05 / 2014

Transaction ID : SA11AI.281759

Amount of Each Receipt this Period

160.00

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

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

470.00

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 42 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. WAYNE DAVIS

Mailing Address 2181 FLATWOOD RD

City State Zip Code
WETUMPKA AL 36092

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.281394

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. RICHARD DAVIS

Mailing Address 1880 VALLEY VIEW LN

City State Zip Code
TYLER TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.281713

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. KENT DAVIS

Mailing Address 1340 DEL ALTAIR AVE

City State Zip Code
REEDLEY CA 93654

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.281760

Amount of Each Receipt this Period

240.00

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

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

490.00

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 43 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MRS SUSAN J DAVIS

Mailing Address 11096 PERRY RD

City
PAVILION

State Zip Code
NY 14525

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 22 / 2014

Transaction ID : SA11AI.283269

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. PHILIP DAVIS

Mailing Address 713 TRILLIUM CIR

City
MARYVILLE

State Zip Code
TN 37804

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.281662

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. MARY DEARNLEY

Mailing Address 1268 TOWNBROOK XING

City
CHARLOTTESVILLE

State Zip Code
VA 22901

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.282594

Amount of Each Receipt this Period

600.00

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

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

1400.00

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 44 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. VIRGINIA DEKKER

Mailing Address 24 IROQUOIS DR

City State Zip Code
 HENDERSONVILLE NC 28791

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 06 / 2014

Transaction ID : SA11AI.281895

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. JOHN DEMPSEY

Mailing Address 77 E 13TH ST

City State Zip Code
 ARCATA CA 95521

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.281467

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. JOHN DEMPSEY

Mailing Address 77 E 13TH ST

City State Zip Code
 ARCATA CA 95521

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.281468

Amount of Each Receipt this Period

50.00

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

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

300.00

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 45 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. NORBERT DENGLE

Mailing Address 2758 MORRIS AVE

City
BRONX

State
NY

Zip Code
10468

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.280752

Amount of Each Receipt this Period

50.00

EM/SASSE/TRANS05142014

Full Name (Last, First, Middle Initial)

B. NORBERT DENGLE

Mailing Address 2758 MORRIS AVE

City
BRONX

State
NY

Zip Code
10468

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.280779

Amount of Each Receipt this Period

50.00

EM/MOONEY/TRANS05142014

Full Name (Last, First, Middle Initial)

C. DAVID DENNISON

Mailing Address PO BOX 1105

City
CAREFREE

State
AZ

Zip Code
85377

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.282202

Amount of Each Receipt this Period

1200.00

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

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

1300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 311
(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 (Last, First, Middle Initial)

A. DAVID DEUTMEYER

Mailing Address 114 OAKCREEK ST

City
LUMBERTONState Zip Code
TX 77657FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2014

Transaction ID : SA11AI.282425

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DOROTHY DEWART

Mailing Address PO BOX 981

City
BOTHELLState Zip Code
WA 98041FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2014

Transaction ID : SA11AI.283046

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. PAULINE DEWITT

Mailing Address 100 GARFIELD AVE APT 106

City
ATTLEBOROState Zip Code
MA 02703FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID : SA11AI.282571

Amount of Each Receipt this Period

200.00

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 47 OF 311

(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 (Last, First, Middle Initial)

A. MR RICARDO DIBARTOLO

Mailing Address 53 DEER HILL RD

City
REDDING

State Zip Code
CT 06896

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.283824

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. DAVID DICK

Mailing Address 5909 QUINTA REAL CT

City
EL PASO

State Zip Code
TX 79912

FEC ID number of contributing
federal political committee.

C

Name of Employer

DAVID W. DICK & ASSOCIATES INC

Occupation

LIFE INSURANCE SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 22 / 2014

Transaction ID : SA11AI.280625

Amount of Each Receipt this Period

100.00

EM/MCDANIEL/TRANS05282014

Full Name (Last, First, Middle Initial)

C. PAUL DICKEY

Mailing Address 216 PENDLETON AVE

City
PALM BEACH

State Zip Code
FL 33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.282508

Amount of Each Receipt this Period

35.00

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

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

435.00

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

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

FOR LINE NUMBER: PAGE 48 OF 311
(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 (Last, First, Middle Initial)

A. FRANK DINGWERTH

Mailing Address 14 TWIN SPRINGS DR

City State Zip Code
ARLINGTON TX 76016

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.281793

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. MS FRAN DIPLACIDI

Mailing Address 1530 PALISADE AVE

City State Zip Code
FORT LEE NJ 07024

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.282628

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. TIMOTHY DOCTER

Mailing Address 7778 BOCA RATON DR

City State Zip Code
LAS VEGAS NV 89113

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.280805

Amount of Each Receipt this Period

100.00

EM/SASSE/TRANS05072014

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 49 OF 311
(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 (Last, First, Middle Initial)

A. RONALD DODGE

Mailing Address 2318 THORNHILL DR

City State Zip Code
 COLORADO SPRINGS CO 80920

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID : SA11AI.282268

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. MR RICHARD W DONDERO

Mailing Address 1900 W DESERT WILLOW DR

City State Zip Code
 COTTONWOOD AZ 86326

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA11AI.283843

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. GEORGE DOSTAL

Mailing Address 7012 LANTERN RD NE

City State Zip Code
 ALBUQUERQUE NM 87109

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID : SA11AI.281916

Amount of Each Receipt this Period

120.00

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

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

280.00

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 50 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. ROBERT DOSTER

Mailing Address 2023 E 106TH ST.

City

CARMEL

State

IN

Zip Code

46032

FEC ID number of contributing
federal political committee.

C

Name of Employer

BSA LIFESTRUCTURES

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.280566

Amount of Each Receipt this Period

100.00

EM/BEVIN/TRANS05072014

Full Name (Last, First, Middle Initial)

B. ROBERT DOSTER

Mailing Address 2023 E 106TH ST.

City

CARMEL

State

IN

Zip Code

46032

FEC ID number of contributing
federal political committee.

C

Name of Employer

BSA LIFESTRUCTURES

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.280584

Amount of Each Receipt this Period

100.00

EM/BROUN/TRANS05072014

Full Name (Last, First, Middle Initial)

C. ROBERT DOSTER

Mailing Address 2023 E 106TH ST.

City

CARMEL

State

IN

Zip Code

46032

FEC ID number of contributing
federal political committee.

C

Name of Employer

BSA LIFESTRUCTURES

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.280602

Amount of Each Receipt this Period

100.00

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

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

300.00

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 51 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. ROBERT DOSTER

Mailing Address 2023 E 106TH ST.

City
CARMEL

State Zip Code
IN 46032

FEC ID number of contributing
federal political committee.

C

Name of Employer
BSA LIFESTRUCTURES

Occupation
ENGINEER

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
05 / 02 / 2014

Transaction ID : SA11AI.280603

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ROBERT DOSTER

Mailing Address 2023 E 106TH ST.

City
CARMEL

State Zip Code
IN 46032

FEC ID number of contributing
federal political committee.

C

Name of Employer
BSA LIFESTRUCTURES

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.280667

Amount of Each Receipt this Period

100.00

EM/WOLF/TRANS05072014

Full Name (Last, First, Middle Initial)

C. ROBERT DOVAL

Mailing Address 6917 COLLINS AVE APT803

City
MIAMI BEACH

State Zip Code
FL 33141

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.280774

Amount of Each Receipt this Period

15.00

EM/MOONEY/TRANS05142014

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

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

215.00

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 52 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. WILLIAM DOWELL

Mailing Address 402 1/2 S DIXIE ST

City
EASTLAND

State Zip Code
TX 76448

FEC ID number of contributing
federal political committee.

C

Name of Employer
EASTLAND COUNTY, TX

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280565

Amount of Each Receipt this Period

50.00

EM/BEVIN/TRANS05072014

Full Name (Last, First, Middle Initial)

B. WILLIAM DOWELL

Mailing Address 402 1/2 S DIXIE ST

City
EASTLAND

State Zip Code
TX 76448

FEC ID number of contributing
federal political committee.

C

Name of Employer
EASTLAND COUNTY, TX

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280597

Amount of Each Receipt this Period

35.00

EM/LOUDERMILK/TRANS05072014

Full Name (Last, First, Middle Initial)

C. WILLIAM DOWELL

Mailing Address 402 1/2 S DIXIE ST

City
EASTLAND

State Zip Code
TX 76448

FEC ID number of contributing
federal political committee.

C

Name of Employer
EASTLAND COUNTY, TX

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280662

Amount of Each Receipt this Period

35.00

EM/SMITH/TRANS05072014

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

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

120.00

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

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

FOR LINE NUMBER: PAGE 53 OF 311

(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 (Last, First, Middle Initial)

A. WILLIAM DOWELL

Mailing Address 402 1/2 S DIXIE ST

City
EASTLAND

State Zip Code
TX 76448

FEC ID number of contributing
federal political committee.

C

Name of Employer
EASTLAND COUNTY, TX

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.280791

Amount of Each Receipt this Period

50.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

B. WILLIAM DOWELL

Mailing Address 402 1/2 S DIXIE ST

City
EASTLAND

State Zip Code
TX 76448

FEC ID number of contributing
federal political committee.

C

Name of Employer
EASTLAND COUNTY, TX

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.282024

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. WILLIAM DOWELL

Mailing Address 402 1/2 S DIXIE ST

City
EASTLAND

State Zip Code
TX 76448

FEC ID number of contributing
federal political committee.

C

Name of Employer
EASTLAND COUNTY, TX

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.280773

Amount of Each Receipt this Period

30.00

EM/MOONEY/TRANS05142014

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

180.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. WILLIAM DOWELL

Mailing Address 402 1/2 S DIXIE ST

City
EASTLAND

State Zip Code
TX 76448

FEC ID number of contributing
federal political committee.

C

Name of Employer
EASTLAND COUNTY, TX

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.280559

Amount of Each Receipt this Period

50.00

EM/JOHNSON/TRANS05212014

Full Name (Last, First, Middle Initial)

B. WILLIAM DOWELL

Mailing Address 402 1/2 S DIXIE ST

City
EASTLAND

State Zip Code
TX 76448

FEC ID number of contributing
federal political committee.

C

Name of Employer
EASTLAND COUNTY, TX

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

05 / 21 / 2014

Transaction ID : SA11AI.280594

Amount of Each Receipt this Period

100.00

EM/JOHNSON/TRANS05282014

Full Name (Last, First, Middle Initial)

C. WILLIAM DOWELL

Mailing Address 402 1/2 S DIXIE ST

City
EASTLAND

State Zip Code
TX 76448

FEC ID number of contributing
federal political committee.

C

Name of Employer
EASTLAND COUNTY, TX

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.00

Date of Receipt

05 / 21 / 2014

Transaction ID : SA11AI.280600

Amount of Each Receipt this Period

100.00

EM/LOUDERMILK/TRANS05282014

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

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

250.00

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

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

FOR LINE NUMBER: PAGE 55 OF 311

(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 (Last, First, Middle Initial)

A. WILLIAM DOWELL

Mailing Address 402 1/2 S DIXIE ST

City
EASTLAND

State Zip Code
TX 76448

FEC ID number of contributing
federal political committee.

C

Name of Employer
EASTLAND COUNTY, TX

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2014

Transaction ID : SA11AI.280589

Amount of Each Receipt this Period

35.00

EM/HALVORSON?TRANS05072014

Full Name (Last, First, Middle Initial)

B. WILLIAM DOWNER

Mailing Address 301 SIDNEY ST

City
SYRACUSE

State Zip Code
NY 13219

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.283380

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. JAMES DOWNEY

Mailing Address 26000 NEW BRIDGE DR

City
LOS ALTOS HILLS

State Zip Code
CA 94022

FEC ID number of contributing
federal political committee.

C

Name of Employer
AWAS SONOMA CORP.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID : SA11AI.282363

Amount of Each Receipt this Period

300.00

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

395.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. JOHN DUCKWORTH

Mailing Address 2586 FOGG RD

City

NESBIT

State

MS

Zip Code

38651

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

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
05 / 08 / 2014

Transaction ID : SA11AI.284209

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. ORWELL EARLY

Mailing Address 152 CAMINO DEL POSTIGO

City

ESCONDIDO

State

CA

Zip Code

92029

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.284028

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ORWELL EARLY

Mailing Address 152 CAMINO DEL POSTIGO

City

ESCONDIDO

State

CA

Zip Code

92029

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : SA11AI.284029

Amount of Each Receipt this Period

100.00

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

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

250.00

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 57 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MARJORIE EDDY

Mailing Address 1 MCKNIGHT PL APT 285

City
SAINT LOUIS

State Zip Code
MO 63124

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.283255

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. DR TOM S EDWARDS

Mailing Address 2592 E WALKER LN

City
SALT LAKE CITY

State Zip Code
UT 84117

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 08 / 2014

Transaction ID : SA11AI.284312

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. DANIEL EDWARDS

Mailing Address 1558 MOORLAND DR

City
SAN DIEGO

State Zip Code
CA 92109

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.283267

Amount of Each Receipt this Period

200.00

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 58 OF 311

(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 (Last, First, Middle Initial)

A. CHARLES EICHENBERGER

Mailing Address 1765 TRIGG RD

City
 FERNDAL

State Zip Code
 WA 98248

FEC ID number of contributing
 federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.283256

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DONALD EICHSTAEDT

Mailing Address 18222 REDWOOD AVE

City
 LATHRUP VILLAGE

State Zip Code
 MI 48076

FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 11 / 2014

Transaction ID : SA11AI.280696

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. LEE ELDREDGE

Mailing Address 7335 N 210 RD

City
 BEGGS

State Zip Code
 OK 74421

FEC ID number of contributing
 federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11AI.281229

Amount of Each Receipt this Period

20.00

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

470.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. JUDITH ENFIELD

Mailing Address 4227 NANCY PL

City
SHOREVIEW

State Zip Code
MN 55126

FEC ID number of contributing
federal political committee.

C

Name of Employer

VALERE LLC

Occupation

PROGRAMMER BUDGET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

05 / 03 / 2014

Transaction ID : SA11AI.280682

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. JUDITH ENFIELD

Mailing Address 4227 NANCY PL

City
SHOREVIEW

State Zip Code
MN 55126

FEC ID number of contributing
federal political committee.

C

Name of Employer

VALERE LLC

Occupation

PROGRAMMER BUDGET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

05 / 08 / 2014

Transaction ID : SA11AI.280691

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. JUDITH ENFIELD

Mailing Address 4227 NANCY PL

City
SHOREVIEW

State Zip Code
MN 55126

FEC ID number of contributing
federal political committee.

C

Name of Employer

VALERE LLC

Occupation

PROGRAMMER BUDGET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

05 / 21 / 2014

Transaction ID : SA11AI.280734

Amount of Each Receipt this Period

120.00

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

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

365.00

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MR JOHN PALMER EVANS

Mailing Address PO BOX 458

City
INDIANOLA

State Zip Code
WA 98342

FEC ID number of contributing
federal political committee.

C

Name of Employer

CDNNX 98052

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2014

Transaction ID : SA11AI.282889

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DIANA EVANS

Mailing Address 1910 MADRONA AVE S

City
SALEM

State Zip Code
OR 97302

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.281495

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

C. DALE EVERHART

Mailing Address 136 PIPER RD

City
NEWFIELD

State Zip Code
NY 14867

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.281852

Amount of Each Receipt this Period

150.00

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

610.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 61 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. JUANITA EYHERABIDE

Mailing Address 5284 KENT DR

City

BAKERSFIELD

State

CA

Zip Code

93306

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

05 / 20 / 2014

Transaction ID : SA11AI.281694

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. THANE FARMER

Mailing Address 11197 WEATHERSTONE DR

City

WAYNESBORO

State

PA

Zip Code

17268

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

05 / 29 / 2014

Transaction ID : SA11AI.284106

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. ALAIN FEBLES

Mailing Address PO BOX 11230

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

60.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280811

Amount of Each Receipt this Period

25.00

EM/SASSE/TRANS05072014

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

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

135.00

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

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

FOR LINE NUMBER: PAGE 62 OF 311
(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 (Last, First, Middle Initial)

A. KAY FINLAY

Mailing Address 10 LA CERRA CIR

City State Zip Code
 RANCHO MIRAGE CA 92270

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA11AI.281235

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MR EDDIE FISHER

Mailing Address 764 GOLDEN POPPY CT

City State Zip Code
 SHAFTER CA 93263

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID : SA11AI.282278

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR EDDIE FISHER

Mailing Address 764 GOLDEN POPPY CT

City State Zip Code
 SHAFTER CA 93263

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA11AI.282279

Amount of Each Receipt this Period

50.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 311
(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 (Last, First, Middle Initial)

A. DAVID FITZWILLIAM

Mailing Address 4100 CATHEDRAL AVE NW

City State Zip Code
WASHINGTON DC 20016

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.280746

Amount of Each Receipt this Period

25.00

EM/SASSE/TRANS05142014

Full Name (Last, First, Middle Initial)

B. DAVID FITZWILLIAM

Mailing Address 4100 CATHEDRAL AVE NW

City State Zip Code
WASHINGTON DC 20016

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.280669

Amount of Each Receipt this Period

20.00

EM/WOLF/TRANS05142014

Full Name (Last, First, Middle Initial)

C. CATHERINE FLOAM

Mailing Address 2375 TABBSTONE LN NW

City State Zip Code
MARIETTA GA 30064

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11AI.283594

Amount of Each Receipt this Period

150.00

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

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

195.00

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 64 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. WILLIAM FOLLMER

Mailing Address 99-1647 AIEA HEIGHTS DR

City State Zip Code
AIEA HI 96701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.281954

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. TED FREY

Mailing Address PO BOX 889004

City State Zip Code
ATLANTA GA 30356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 20 / 2014

Transaction ID : SA11AI.281350

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. TED FREY

Mailing Address PO BOX 889004

City State Zip Code
ATLANTA GA 30356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.281351

Amount of Each Receipt this Period

1200.00

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

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

1600.00

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 65 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MICHAEL FUGLE

Mailing Address 4815 SHELDON RD

City
ROCHESTER

State Zip Code
MI 48306

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

05 / 27 / 2014

Transaction ID : SA11AI.281613

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. MR JERRY D GABRIEL

Mailing Address 1800 S VALLEY VIEW DR

City
BISHOP

State Zip Code
CA 93514

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 21 / 2014

Transaction ID : SA11AI.283765

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. MICHAEL GALLUCCI

Mailing Address 2567 WESTRIDGE RD

City
LOS ANGELES

State Zip Code
CA 90049

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.283976

Amount of Each Receipt this Period

60.00

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

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

500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 66 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MICHAEL GALLUCCI

Mailing Address 2567 WESTRIDGE RD

City

LOS ANGELES

State

CA

Zip Code

90049

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

05 / 27 / 2014

Transaction ID : SA11AI.283977

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MRS BETTY GARDNER

Mailing Address 1572 GOODIN HOLLOW RD

City

NOEL

State

MO

Zip Code

64854

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.283166

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. LUCILLE GARLAND

Mailing Address 932 SCONNELLTOWN RD

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.282012

Amount of Each Receipt this Period

250.00

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

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

425.00

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

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

FOR LINE NUMBER: PAGE 67 OF 311

(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 (Last, First, Middle Initial)

A. MRS BONILEE KEY GARRETT

Mailing Address PO BOX 885

City
LAMPASAS

State Zip Code
TX 76550

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.281473

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. RICHARD GASSER

Mailing Address 2804 SIMONDALE DR

City
FORT WORTH

State Zip Code
TX 76109

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

NONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.280818

Amount of Each Receipt this Period

15.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

C. CARL GAUSEWITZ

Mailing Address 2483 WESTBROOK ST SE

City
MAGNOLIA

State Zip Code
OH 44643

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID : SA11AI.282406

Amount of Each Receipt this Period

120.00

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

435.00

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 68 OF 311

(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 (Last, First, Middle Initial)

A. VIRGINIA GAYLORD

Mailing Address 430 N VINEDO AVE

City

PASADENA

State

CA

Zip Code

91107

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.282927

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. DAVID GELL

Mailing Address 241 CREEK RIDGE DR.

City

LAGRANGE

State

GA

Zip Code

30240

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROQUETTE AMERICA, INC.

Occupation

BUYER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.280819

Amount of Each Receipt this Period

25.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

C. JOHN GINTER

Mailing Address 1457 NATHANIEL MITCHELL RD

City

DOVER

State

DE

Zip Code

19904

FEC ID number of contributing
federal political committee.

C

Name of Employer

DYN CORP

Occupation

JET ENGINE MECHANIC

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11AI.280618

Amount of Each Receipt this Period

100.00

EM/MCDANIEL/TRANS05282014

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

425.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 69 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. PAULA GIVIDEN

Mailing Address 11550 NEWPORT DR

City

INDIANAPOLIS

State

IN

Zip Code

46236

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARMEL CLAY SCHOOL

Occupation

TEACHER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

160.00

Date of Receipt

05 / 05 / 2014

Transaction ID : SA11AI.280742

Amount of Each Receipt this Period

30.00

EM/SASSE/TRANS05142014

Full Name (Last, First, Middle Initial)

B. SHERRY GLOVER

Mailing Address 6316 HIGHWAY 168

City

SHELBYVILLE

State

MO

Zip Code

63469

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOMESTIC ENGINEER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

05 / 14 / 2014

Transaction ID : SA11AI.280606

Amount of Each Receipt this Period

25.00

EM/MCDANIEL/TRANS05212014

Full Name (Last, First, Middle Initial)

C. LISE GOGA

Mailing Address 95-1089 PAEMOKU PL

City

MILILANI

State

HI

Zip Code

96789

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

05 / 27 / 2014

Transaction ID : SA11AI.283192

Amount of Each Receipt this Period

320.00

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

375.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 70 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. PAUL GOODMAN

Mailing Address 99 S SERVICE RD APT 402

City State Zip Code
NEW HYDE PARK NY 11040

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11AI.283242

Amount of Each Receipt this Period

112.00

Full Name (Last, First, Middle Initial)

B. MAEJEL GRAF

Mailing Address 68 ELENA AVE

City State Zip Code
ATHERTON CA 94027

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.281466

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. ROSEMARY GRAVES

Mailing Address 110 NORTHUMBERLAND RD

City State Zip Code
PITTSFIELD MA 01201

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.282037

Amount of Each Receipt this Period

100.00

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

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

712.00

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 71 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. DONALD GREEN

Mailing Address 5915 ELDERGARDENS ST

City

SAN DIEGO

State

CA

Zip Code

92120

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.283749

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. RICHARD GRIFFITH

Mailing Address 3417 MILAM ST

City

HOUSTON

State

TX

Zip Code

77002

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11AI.283948

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. RICHARD GRIFFITH

Mailing Address 3417 MILAM ST

City

HOUSTON

State

TX

Zip Code

77002

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11AI.283949

Amount of Each Receipt this Period

250.00

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:
(check only one)

PAGE 72 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MS ANNIE GRIMNER

Mailing Address 1255 HOEHNE RD

City

CUERO

State

TX

Zip Code

77954

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.283833

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. GARY GROMER

Mailing Address 1113 IVAN AVE

City

BAKERSFIELD

State

CA

Zip Code

93304

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

05 / 05 / 2014

Transaction ID : SA11AI.282007

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. GARY GROMER

Mailing Address 1113 IVAN AVE

City

BAKERSFIELD

State

CA

Zip Code

93304

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.282008

Amount of Each Receipt this Period

30.00

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

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

330.00

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 73 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MR. ELWOOD L GROVES II

Mailing Address P O BOX 255

City

MAXWELTON

State

WV

Zip Code

24957

FEC ID number of contributing
federal political committee.

C

Name of Employer

POCAHONTAS CO FREE LIBRARIES

Occupation

LIBRARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

05 / 08 / 2014

Transaction ID : SA11AI.280749

Amount of Each Receipt this Period

25.00

EM/SASSE/TRANS05142014

Full Name (Last, First, Middle Initial)

B. MR. ELWOOD L GROVES II

Mailing Address P O BOX 255

City

MAXWELTON

State

WV

Zip Code

24957

FEC ID number of contributing
federal political committee.

C

Name of Employer

POCAHONTAS CO FREE LIBRARIES

Occupation

LIBRARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 08 / 2014

Transaction ID : SA11AI.280776

Amount of Each Receipt this Period

25.00

EM/MOONEY/TRANS05142014

Full Name (Last, First, Middle Initial)

C. BEATRICE GRUBBS

Mailing Address 550 RIOMAR DR APT 33

City

VERO BEACH

State

FL

Zip Code

32963

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 05 / 2014

Transaction ID : SA11AI.283329

Amount of Each Receipt this Period

250.00

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

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

300.00

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 74 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FRANCIS GRUBELICH

Mailing Address 5304 ROOSEVELT ST

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.281202

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. ROBERT GUELICH

Mailing Address 361 SWEETWATER DR

City

SANDPOINT

State

ID

Zip Code

83864

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.282997

Amount of Each Receipt this Period

180.00

Full Name (Last, First, Middle Initial)

C. GAYLE GULL

Mailing Address 3665 ALTAMONT WAY

City

REDWOOD CITY

State

CA

Zip Code

94062

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.283639

Amount of Each Receipt this Period

100.00

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

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

880.00

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 75 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. CHARLES HADLEY

Mailing Address 541 MANORWOOD LN

City
LOUISVILLE

State Zip Code
CO 80027

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.282778

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. BILLY HALE

Mailing Address 11823 WILCREST DR

City
HOUSTON

State Zip Code
TX 77031

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280797

Amount of Each Receipt this Period

250.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

C. MR JOHN HALLOWELL

Mailing Address 5600 W NOBIS CIR

City
HOMOSASSA

State Zip Code
FL 34448

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280798

Amount of Each Receipt this Period

20.00

EM/SASSE/TRANS05072014

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

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

870.00

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

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

FOR LINE NUMBER: PAGE 76 OF 311

(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 (Last, First, Middle Initial)

A. ROBERT HAMBURG

Mailing Address PO BOX 844

City State Zip Code
 FOLEY AL 36536

FEC ID number of contributing federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.284134

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. MR. DANIEL S HAMILTON

Mailing Address 1415 W MCCARTY ST

City State Zip Code
 JEFFERSON CITY MO 65109

FEC ID number of contributing federal political committee.

C

Name of Employer

ELLUCIAN

Occupation

NETWORK ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.280802

Amount of Each Receipt this Period

35.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

C. THEODORE HANSCHKE

Mailing Address 11331 FREELS BEND PT

City State Zip Code
 KNOXVILLE TN 37931

FEC ID number of contributing federal political committee.

C

Name of Employer

AMEDISYS

Occupation

PJA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA11AI.280614

Amount of Each Receipt this Period

25.00

EM/MCDANIEL/TRANS05282014

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

210.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 77 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BARBARA HARLOW

Mailing Address 208 OLD LANDING CT

City State Zip Code
FREDERICKSBURG VA 22405

FEC ID number of contributing
federal political committee.

C

Name of Employer

STAFFORD HEATING & AIR

Occupation

OFFICE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.282146

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MR. MARTIN A HARRY

Mailing Address 5804 MAGEE BEND

City State Zip Code
AUSTIN TX 78749

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280787

Amount of Each Receipt this Period

10.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

C. JEANETTE HARTJE

Mailing Address 1606 RANDALL DR

City State Zip Code
KIRKSVILLE MO 63501

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 05 / 2014

Transaction ID : SA11AI.282217

Amount of Each Receipt this Period

100.00

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

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

310.00

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 78 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. JOHN L HARTSOCH

Mailing Address 6 WOODSTONE LN.

City
PALM COAST

State Zip Code
FL 32164

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.280560

Amount of Each Receipt this Period

50.00

EM/JOHNSON/TRANS05212014

Full Name (Last, First, Middle Initial)

B. JOHN L HARTSOCH

Mailing Address 6 WOODSTONE LN.

City
PALM COAST

State Zip Code
FL 32164

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.280643

Amount of Each Receipt this Period

50.00

EM/MATHIS/TRANS05212014

Full Name (Last, First, Middle Initial)

C. JUSTIN HAWTHORNE

Mailing Address 5422 CARMEL CT

City
TYLER

State Zip Code
TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID : SA11AI.283539

Amount of Each Receipt this Period

400.00

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

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

500.00

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 79 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. JOHN HEBRANK

Mailing Address 207 ROCHDALE RD

City State Zip Code
 POUGHKEEPSIE NY 12603

FEC ID number of contributing
federal political committee.

C

Name of Employer
 PAWLING CENTRAL SCHOOL DBT

Occupation
 TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 28 / 2014

Transaction ID : SA11AI.281708

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DONALD HEMBRE

Mailing Address 8191 SOUTHPARK LN UNIT 210

City State Zip Code
 LITTLETON CO 80120

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SELF EMPLOYED

Occupation
 GEOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.283022

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. DONALD HENDRICKS

Mailing Address PO BOX 636

City State Zip Code
 DOLORES CO 81323

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.282419

Amount of Each Receipt this Period

250.00

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

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

650.00

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 80 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MARGARET HESS

Mailing Address 10423 LAKE RIDGE DR

City State Zip Code
OAKTON VA 22124

FEC ID number of contributing
federal political committee.

C

Name of Employer

DAVITA DIALYSIS

Occupation

NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.283979

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. LORETTA HEWITT

Mailing Address 757 FORT EBEY RD

City State Zip Code
COUPEVILLE WA 98239

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 14 / 2014

Transaction ID : SA11AI.281529

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. RICHARD P HILL

Mailing Address 1424 IVY LN.

City State Zip Code
EDINBURG TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

J & D PRODUCE, INC.

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.280567

Amount of Each Receipt this Period

35.00

EM/BEVIN/TRANS05072014

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

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

385.00

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 81 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. RICHARD P HILL

Mailing Address 1424 IVY LN.

City
EDINBURG

State Zip Code
TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
J & D PRODUCE, INC.

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.280651

Amount of Each Receipt this Period

35.00

EM/RATCLIFFE/TRANS05072014

Full Name (Last, First, Middle Initial)

B. RICHARD P HILL

Mailing Address 1424 IVY LN.

City
EDINBURG

State Zip Code
TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
J & D PRODUCE, INC.

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.280831

Amount of Each Receipt this Period

25.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

C. RICHARD P HILL

Mailing Address 1424 IVY LN.

City
EDINBURG

State Zip Code
TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
J & D PRODUCE, INC.

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 11 / 2014

Transaction ID : SA11AI.280571

Amount of Each Receipt this Period

35.00

EM/BEVIN/TRANS05142014

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

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

95.00

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 82 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. RALPH HINGISS

Mailing Address 117 N 74TH ST

City

MILWAUKEE

State

WI

Zip Code

53213

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.284241

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. KAREN HOBSON

Mailing Address 389 RIVER CLIFF PL.

City

SPRING BRANCH

State

TX

Zip Code

78070

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 13 / 2014

Transaction ID : SA11AI.280556

Amount of Each Receipt this Period

50.00

EM/JOHNSON/TRANS05212014

Full Name (Last, First, Middle Initial)

C. KAREN HOBSON

Mailing Address 389 RIVER CLIFF PL.

City

SPRING BRANCH

State

TX

Zip Code

78070

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 13 / 2014

Transaction ID : SA11AI.280580

Amount of Each Receipt this Period

50.00

EM/BIRMAN/TRANS05212014

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 83 OF 311

(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 (Last, First, Middle Initial)

A. KAREN HOBSON

Mailing Address 389 RIVER CLIFF PL.

City

SPRING BRANCH

State

TX

Zip Code

78070

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11AI.280586

Amount of Each Receipt this Period

50.00

EM/BROUN/05212014

Full Name (Last, First, Middle Initial)

B. KAREN HOBSON

Mailing Address 389 RIVER CLIFF PL.

City

SPRING BRANCH

State

TX

Zip Code

78070

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11AI.280591

Amount of Each Receipt this Period

50.00

EM/HALVORSON/TRANS05212014

Full Name (Last, First, Middle Initial)

C. JOANNE HOFFMAN

Mailing Address 3831 BLUFF ST

City

TORRANCE

State

CA

Zip Code

90505

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.282850

Amount of Each Receipt this Period

200.00

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

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

300.00

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 84 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MR C AL HOLDER

Mailing Address 2409 CLAYTON LN

City

WICHITA FALLS

State

TX

Zip Code

76308

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.282057

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MR PHIL O HOOD

Mailing Address 4763 2ND AVE SE

City

SALEM

State

OR

Zip Code

97302

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.282240

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. RICHARD HUBBARD

Mailing Address PO BOX 195

City

BUTTE FALLS

State

OR

Zip Code

97522

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.282708

Amount of Each Receipt this Period

150.00

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

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

700.00

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 85 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MS. MARGARET HUDAK

Mailing Address 14623 BRIDLE RIDGE TRL.

City

PRIOR LAKE

State

MN

Zip Code

55372

FEC ID number of contributing
federal political committee.

C

Name of Employer

PARADISE CAFE

Occupation

STAFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.280754

Amount of Each Receipt this Period

10.00

EM/SASSE/TRANS05142014

Full Name (Last, First, Middle Initial)

B. MS. MARGARET HUDAK

Mailing Address 14623 BRIDLE RIDGE TRL.

City

PRIOR LAKE

State

MN

Zip Code

55372

FEC ID number of contributing
federal political committee.

C

Name of Employer

PARADISE CAFE

Occupation

STAFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.280780

Amount of Each Receipt this Period

10.00

EM/MOONEY/TRANS05142014

Full Name (Last, First, Middle Initial)

C. MR MARK HUNTER

Mailing Address 6201 PICKENS ST

City

HOUSTON

State

TX

Zip Code

77007

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

05 / 14 / 2014

Transaction ID : SA11AI.281707

Amount of Each Receipt this Period

125.00

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

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

145.00

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 86 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. THEODORE HUNTER

Mailing Address 1880 COWELL BLVD APT 242

City State Zip Code
 DAVIS CA 95618

FEC ID number of contributing
federal political committee.

C

Name of Employer
 STARFIRE PRODUCTIONS, INC.

Occupation
 OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

05 / 22 / 2014

Transaction ID : SA11AI.280628

Amount of Each Receipt this Period

100.00

EM/MCDANIEL/TRANS05282014

Full Name (Last, First, Middle Initial)

B. CORWIN IGOU

Mailing Address 3700 FIRST

City State Zip Code
 BROWNWOOD TX 76801

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ASHTON COMPANY

Occupation
 SALESMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

05 / 21 / 2014

Transaction ID : SA11AI.280619

Amount of Each Receipt this Period

50.00

EM/MCDANIEL/TRANS05282014

Full Name (Last, First, Middle Initial)

C. JAMES INMAN

Mailing Address 1035 SCOTT DR APT 306

City State Zip Code
 PRESCOTT AZ 86301

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NONE

Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.282634

Amount of Each Receipt this Period

112.00

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

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

262.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 87 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. LOREN JAHN

Mailing Address 13149 N COUNTRY CLUB CT

City State Zip Code
 PALOS HEIGHTS IL 60463

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : SA11AI.281680

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. PATRICIA JASPER

Mailing Address 14907 SUN HARBOR DR.

City State Zip Code
 HOUSTON TX 77062

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA11AI.280612

Amount of Each Receipt this Period

100.00

EM/MCDANIEL/TRANS05282014

Full Name (Last, First, Middle Initial)

C. MR WILLIAM F JENKINS JR

Mailing Address 2008 MAGNOLIA RDG

City State Zip Code
 VESTAVIA AL 35243

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA11AI.283253

Amount of Each Receipt this Period

300.00

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

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

600.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 311

(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 (Last, First, Middle Initial)

A. EUGENIO JIMENEZ

Mailing Address 4642 NW 94TH CT

City
DORAL

State Zip Code
FL 33178

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.282013

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR. BRENT JOBE

Mailing Address PO BOX 179

City
GRAHAM

State Zip Code
TX 76450

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

OILFIELD LEASE OPERATER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.282324

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. COLONEL FRED E JOHNSTON III

Mailing Address 19355 CYPRESS RIDGE TER UNIT 1012

City
LEESBURG

State Zip Code
VA 20176

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11AI.282985

Amount of Each Receipt this Period

1000.00

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 89 OF 311

(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 (Last, First, Middle Initial)

A. TIMOTHY JONES

Mailing Address PO BOX 141

City

LOVINGSTON

State

VA

Zip Code

22949

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENTERPRISE INFORMATION SERVICES

Occupation

IT PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

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

Transaction ID : SA11AI.280650

Amount of Each Receipt this Period

5.00

EM/MOONEY/TRANS05072014

Full Name (Last, First, Middle Initial)

B. MRS BARBARA KACKLEY

Mailing Address 1049 MILLER RD

City

MINERAL POINT

State

WI

Zip Code

53565

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.283498

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ROBERT KAIN

Mailing Address 5006 LODENBERRY CT

City

KATY

State

TX

Zip Code

77494

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11AI.281203

Amount of Each Receipt this Period

250.00

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

505.00

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 90 OF 311
(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 (Last, First, Middle Initial)

A. JANICE KALISKI

Mailing Address 142 PEAK ST

City State Zip Code
 MANCHESTER NH 03104

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.282274

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DR PETER J KASPRZAK MD

Mailing Address 4440 BATHGATE CT APT 721

City State Zip Code
 RENO NV 89519

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 02 / 2014

Transaction ID : SA11AI.281952

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. NANCY KAYS

Mailing Address 2231 N INDIAN HILL BLVD

City State Zip Code
 CLAREMONT CA 91711

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID : SA11AI.283797

Amount of Each Receipt this Period

100.00

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

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

400.00

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 91 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. DR. JOHN D KEISLING

Mailing Address 35 ERICA LN

City

BELEN

State

NM

Zip Code

87002

FEC ID number of contributing
federal political committee.

C

Name of Employer

LEIDOS

Occupation

SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

05 / 05 / 2014

Transaction ID : SA11AI.280835

Amount of Each Receipt this Period

50.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

B. DR. JOHN D KEISLING

Mailing Address 35 ERICA LN

City

BELEN

State

NM

Zip Code

87002

FEC ID number of contributing
federal political committee.

C

Name of Employer

LEIDOS

Occupation

SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

05 / 22 / 2014

Transaction ID : SA11AI.280630

Amount of Each Receipt this Period

50.00

EM/MCDANIEL/TRANS05282014

Full Name (Last, First, Middle Initial)

C. DONNA KELLOGG

Mailing Address 11991 36TH ST NW

City

WATFORD CITY

State

ND

Zip Code

58854

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.281620

Amount of Each Receipt this Period

50.00

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:
(check only one)

PAGE 92 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MR. JAMES KEMP

Mailing Address 9429 155TH AVE NE

City
HAMILTON

State Zip Code
ND 58238

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 05 / 2014

Transaction ID : SA11AI.280744

Amount of Each Receipt this Period

50.00

EM/SASSE/TRANS05142014

Full Name (Last, First, Middle Initial)

B. MR. JAMES KEMP

Mailing Address 9429 155TH AVE NE

City
HAMILTON

State Zip Code
ND 58238

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.280781

Amount of Each Receipt this Period

50.00

EM/MOONEY/TRANS05142014

Full Name (Last, First, Middle Initial)

C. WENDY KILHEFFER

Mailing Address 247 KEY DEER BLVD

City
BIG PINE KEY

State Zip Code
FL 33043

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280799

Amount of Each Receipt this Period

25.00

EM/SASSE/TRANS05072014

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

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

125.00

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 93 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. SAM KIRBY

Mailing Address 14519 WINDY RIDGE LN

City
HOUSTON

State
TX

Zip Code
77062

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 21 / 2014

Transaction ID : SA11AI.283462

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. JOHN KLEYLEIN

Mailing Address 1909 TROUT FARM RD

City

JARRETTSVILLE

State

MD

Zip Code

21084

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

05 / 08 / 2014

Transaction ID : SA11AI.282978

Amount of Each Receipt this Period

160.00

Full Name (Last, First, Middle Initial)

C. THOMAS KNEESHAW

Mailing Address 900 COASTLINE DR

City

SEAL BEACH

State

CA

Zip Code

90740

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.282500

Amount of Each Receipt this Period

60.00

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

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

265.00

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 94 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. ROY KNIPPER

Mailing Address 19 LAUREL LAKE DR

City
HUDSON

State
OH

Zip Code
44236

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.282638

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

B. JOYCE KNOPP

Mailing Address 38 ROAD 3CXS

City
CODY

State
WY

Zip Code
82414

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

05 / 06 / 2014

Transaction ID : SA11AI.283067

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. SALLY KNUTSON

Mailing Address 11487 DEER PARK DR

City
NEVADA CITY

State
CA

Zip Code
95959

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 08 / 2014

Transaction ID : SA11AI.282005

Amount of Each Receipt this Period

200.00

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

1900.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 95 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MR ARTHUR W KOELSCH

Mailing Address 18336 WHITACRE CIR

City
HUDSON

State Zip Code
FL 34667

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.282527

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ELAINE KOHL

Mailing Address 21776 472ND AVE

City
BROOKINGS

State Zip Code
SD 57006

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID : SA11AI.282575

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. VERNA KROGH

Mailing Address 532 EMERALD AVE

City
SAN CARLOS

State Zip Code
CA 94070

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID : SA11AI.283219

Amount of Each Receipt this Period

40.00

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

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

240.00

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 96 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BONNIE KRUPP

Mailing Address 530 E WARM SPRINGS AVE.

City State Zip Code
 BOISE ID 83712

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 24 / 2014

Transaction ID : SA11AI.280658

Amount of Each Receipt this Period

50.00

EM/RATCLIFFE/TRANS05282014

Full Name (Last, First, Middle Initial)

B. DANIEL KUBIN

Mailing Address 1701 BLOUNT ST

City State Zip Code
 HOUSTON TX 77008

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA11AI.281321

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MR. HILARY D LAMOTHE

Mailing Address 1424 ELLINGTON CT.

City State Zip Code
 BETHLEHEM GA 30620

FEC ID number of contributing
federal political committee.

C

Name of Employer

ADVA OPTICAL NETWORKING

Occupation

ELECTRONICS ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.280794

Amount of Each Receipt this Period

25.00

EM/SASSE/TRANS05072014

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

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

275.00

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 97 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. LEO LARSEN

Mailing Address 1537 LIVE OAK RD APT 127

City State Zip Code
VISTA CA 92081

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.281946

Amount of Each Receipt this Period

205.00

Full Name (Last, First, Middle Initial)

B. MR BENNY L LATHAM

Mailing Address 404 RIVERVIEW DR

City State Zip Code
GEORGETOWN TX 78628

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : SA11AI.284191

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. WINNIE LAUGHLIN

Mailing Address PO BOX 293

City State Zip Code
MOUNT HOPE KS 67108

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE BUILDERS, INC.

Occupation

OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11AI.282075

Amount of Each Receipt this Period

300.00

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

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

745.00

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 98 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. DONALD LEIN

Mailing Address 62 JANIVAR DR

City
ITHACA

State
NY

Zip Code
14850

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.283994

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. MR DAN M LEONARD

Mailing Address PO BOX 3422

City

MIDLAND

State

TX

Zip Code

79702

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.281509

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. JAMES LESTE

Mailing Address 3437 VIA LOMA VIS

City

ESCONDIDO

State

CA

Zip Code

92029

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 30 / 2014

Transaction ID : SA11AI.282642

Amount of Each Receipt this Period

200.00

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

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

850.00

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 99 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. ONA LESTER

Mailing Address 1101 HUMPHRIES RD NW

City State Zip Code
 CONYERS GA 30012

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2313.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.281384

Amount of Each Receipt this Period

1343.00

Full Name (Last, First, Middle Initial)

B. MR C H LEWIS II

Mailing Address PO BOX 70

City State Zip Code
 GLOSTER MS 39638

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FORSTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.283665

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. VERNON LEWIS

Mailing Address 204 E SANTA CRUZ DR

City State Zip Code
 GOODYEAR AZ 85338

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA11AI.282942

Amount of Each Receipt this Period

200.00

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

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

2043.00

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

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

FOR LINE NUMBER: PAGE 100 OF 311
(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 (Last, First, Middle Initial)

A. DAVID LIGHT

Mailing Address 301 MAYERLING DR

City State Zip Code
 HOUSTON TX 77024

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 02 / 2014

Transaction ID : SA11AI.281136

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DONALD LJUNGREN

Mailing Address 945 CENTURY AVE SW APT 214

City State Zip Code
 HUTCHINSON MN 55350

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.284302

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. ALAN LOEFFLER

Mailing Address 113 NE 3RD ST

City State Zip Code
 OKLAHOMA CITY OK 73104

FEC ID number of contributing
federal political committee.

C

Name of Employer

FEDERAL CORPORATION

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.281228

Amount of Each Receipt this Period

1000.00

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

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

1550.00

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

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

FOR LINE NUMBER: PAGE 101 OF 311

(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 (Last, First, Middle Initial)

A. JOHN LOEHLEIN

Mailing Address 1311 PARTRIDGE RD

City State Zip Code
 DE PERE WI 54115

FEC ID number of contributing
federal political committee.

C

Name of Employer

PCMC

Occupation

MFG. LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

05 / 21 / 2014

Transaction ID : SA11AI.280617

Amount of Each Receipt this Period

5.00

EM/MCDANIEL/TRANS05282014

Full Name (Last, First, Middle Initial)

B. JOHN LOEHLEIN

Mailing Address 1311 PARTRIDGE RD

City State Zip Code
 DE PERE WI 54115

FEC ID number of contributing
federal political committee.

C

Name of Employer

PCMC

Occupation

MFG. LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

05 / 21 / 2014

Transaction ID : SA11AI.280655

Amount of Each Receipt this Period

5.00

EM/RATCLIFFE/TRANS05282014

Full Name (Last, First, Middle Initial)

C. MARY LOGASA

Mailing Address 957 FAIRWAY DR

City State Zip Code
 SONOMA CA 95476

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.281798

Amount of Each Receipt this Period

300.00

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:
(check only one)

PAGE 102 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. INGRID LUDSCHEIDT

Mailing Address 1230 TAYLOR LANE EXT

City

LEHIGH ACRES

State

FL

Zip Code

33936

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.282560

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

B. WALTON MARSHALL

Mailing Address HC 72 BOX 135

City

RIBERA

State

NM

Zip Code

87560

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.282320

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. RUSSEL MARTIN

Mailing Address 8502 LINDEN CT

City

GRANBURY

State

TX

Zip Code

76049

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11AI.283070

Amount of Each Receipt this Period

100.00

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:
(check only one)

PAGE 103 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. ROBERT MARWILL

Mailing Address 4145 TOWNE GREEN CIR

City
ADDISON

State Zip Code
TX 75001

FEC ID number of contributing
federal political committee.

C

Name of Employer
SATTERFIELD & PONTIKES CONSTRU

Occupation
CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.283212

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

B. PAULINE MCATEE

Mailing Address 509 COUNTY ROAD 704

City
JOSHUA

State Zip Code
TX 76058

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.284027

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR. HERMAN MCBRIDE

Mailing Address 14600 ST. RT. 65

City
JACKSON CENTER

State Zip Code
OH 45334

FEC ID number of contributing
federal political committee.

C

Name of Employer
RISING SUN EXPRESS

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11AI.280720

Amount of Each Receipt this Period

250.00

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

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

540.00

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 104 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. DAVID MCCOSKER

Mailing Address 3155 SANTA MARIA DR

City State Zip Code
 CONCORD CA 94518

FEC ID number of contributing
federal political committee.

C

Name of Employer
 INDEPENDENT CONSTRUCTION CO.

Occupation
 CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

05 / 27 / 2014

Transaction ID : SA11AI.282102

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. MRS. JUDITH A MCDONALD

Mailing Address 280 RIVERBEND RD

City State Zip Code
 LAVONIA GA 30553

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NONE

Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280809

Amount of Each Receipt this Period

10.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

C. MRS JANIE G MCDUGAL

Mailing Address 4150 SHADOWBROOK CIR

City State Zip Code
 COLLEGE STATION TX 77845

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NONE

Occupation
 HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 05 / 2014

Transaction ID : SA11AI.282543

Amount of Each Receipt this Period

250.00

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

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

560.00

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

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

FOR LINE NUMBER: PAGE 105 OF 311
(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 (Last, First, Middle Initial)

A. MR ELLSWORTH MCKEE

Mailing Address 8052 GIOVANNI LN

City

OOLTEWAH

State

TN

Zip Code

37363

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.283936

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. PATRICK MCKENNA

Mailing Address 13 HAZELWOOD DR

City

CASEYVILLE

State

IL

Zip Code

62232

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.282328

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. JOHN MCKINNIS

Mailing Address 106 BENT OAK DRIVE

City

JOHNSON CITY

State

TN

Zip Code

37604

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 17 / 2014

Transaction ID : SA11AI.280608

Amount of Each Receipt this Period

25.00

EM/MCDANIEL/TRANS05212014

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

625.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 106 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. JOHN MCKINNIS

Mailing Address 106 BENT OAK DRIVE

City
JOHNSON CITY

State Zip Code
TN 37604

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

05 / 21 / 2014

Transaction ID : SA11AI.280616

Amount of Each Receipt this Period

25.00

EM/MCDANIEL/TRANS05282014

Full Name (Last, First, Middle Initial)

B. DR. SAMMY H MCLAURIN JR.

Mailing Address 683 SERVICE RD.

City
LAUREL

State Zip Code
MS 39443

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCLAURIN DENTAL CLINIC

Occupation

DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2014

Transaction ID : SA11AI.280622

Amount of Each Receipt this Period

250.00

EM/MCDANIEL/TRANS05282014

Full Name (Last, First, Middle Initial)

C. JOHN MCMAHON

Mailing Address 23801 S HIGHWAY 79

City
HERMOSA

State Zip Code
SD 57744

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 13 / 2014

Transaction ID : SA11AI.283413

Amount of Each Receipt this Period

300.00

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

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

575.00

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 107 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. THOMAS MCNAMRA

Mailing Address 5394 OWL CREEK POINTE

City State Zip Code
 POWDER SPGS GA 30127

FEC ID number of contributing
federal political committee.

C

Name of Employer
 WILLSTAR HEALTH SYSTEM

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 22 / 2014

Transaction ID : SA11AI.283412

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. JEFFREY MEADOR

Mailing Address 2210 BENNETT AVE

City State Zip Code
 COLORADO SPRINGS CO 80909

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NONE

Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.283622

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. NELDA MERCK

Mailing Address 1350 SHRUB OAK DR

City State Zip Code
 LEAGUE CITY TX 77573

FEC ID number of contributing
federal political committee.

C

Name of Employer
 INFORMATION REQUESTED

Occupation
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.283604

Amount of Each Receipt this Period

600.00

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

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

1700.00

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

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

FOR LINE NUMBER: PAGE 108 OF 311

(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 (Last, First, Middle Initial)

A. JACK J MEYER

Mailing Address 2363 PAGE ROAD

City
KENNEDY

State Zip Code
NY 14747

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.280826

Amount of Each Receipt this Period

100.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

B. MR. JAMES S MICHEL

Mailing Address 104 WRIGHT AVE

City
MEDFORD

State Zip Code
MA 02155

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.283868

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MICHAEL MILLER

Mailing Address 4402 BOXWOOD RD

City
BETHESDA

State Zip Code
MD 20816

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.280824

Amount of Each Receipt this Period

100.00

EM/SASSE/TRANS05072014

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

400.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 109 OF 311
(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 (Last, First, Middle Initial)

A. LORET MILLER

Mailing Address 5450 WHITLEY PARK TER APT 610

City State Zip Code
BETHESDA MD 20814

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.281264

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. MS. SYLVIA H MILLER

Mailing Address 2663 AMBERLY WAY

City State Zip Code
SNELLVILLE GA 30078

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11AI.281438

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. KATHLEEN MILLETT

Mailing Address 10304 RIDGEWOOD DR

City State Zip Code
EL PASO TX 79925

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.281574

Amount of Each Receipt this Period

250.00

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

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

640.00

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 110 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. ROGER MILLS

Mailing Address 3501 WHITE SETTLEMENT RD

City State Zip Code
 WILLOW PARK TX 76087

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.282417

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. PATRICIA MOLLINO

Mailing Address 515 N BAY AVE

City State Zip Code
 MASSAPEQUA NY 11758

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.282552

Amount of Each Receipt this Period

37.00

Full Name (Last, First, Middle Initial)

C. JANE A MORGAN

Mailing Address 213 RIVER HILLS CT

City State Zip Code
 MCKINNEY TX 75069

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 27 / 2014

Transaction ID : SA11AI.282838

Amount of Each Receipt this Period

250.00

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

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

327.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 111 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. JAY MOYERS

Mailing Address 5356 E BRIARWOOD CIR

City State Zip Code
 CENTENNIAL CO 80122

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.282273

Amount of Each Receipt this Period

160.00

Full Name (Last, First, Middle Initial)

B. G MURDOCH

Mailing Address 1957 S LAURELHURST DR

City State Zip Code
 SALT LAKE CITY UT 84108

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.282795

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. MR. KEITH T MURGATROYD

Mailing Address 1062 SHADOW LN

City State Zip Code
 MOUNT JULIET TN 37122

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280792

Amount of Each Receipt this Period

50.00

EM/SASSE/TRANS05072014

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

240.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 112 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. KEITH MURGATROYD

Mailing Address 1062 SHADOW LN.

City

MT. JULIET

State

TN

Zip Code

37122

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 22 / 2014

Transaction ID : SA11AI.280624

Amount of Each Receipt this Period

100.00

EM/MCDANIEL/TRANS05282014

Full Name (Last, First, Middle Initial)

B. TERENCE MURPHREE

Mailing Address 1330 ENCLAVE PKWY STE 400

City

HOUSTON

State

TX

Zip Code

77077

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNITED STEEL STRUCTURES

Occupation

CONSTRUCTION EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.282709

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. TIMOTHY MYRON

Mailing Address 745 9TH ST NE

City

THOMPSON

State

ND

Zip Code

58278

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.283211

Amount of Each Receipt this Period

160.00

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

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

5260.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 311
(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 (Last, First, Middle Initial)

A. JOSEPH NAULT

Mailing Address 100 VISTA BELLA WAY

City State Zip Code
 NEWNAN GA 30265

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

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

Transaction ID : SA11AI.282458

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. RALPH NELSON

Mailing Address 910 SHAWNEE RD

City State Zip Code
 WAXAHACHIE TX 75165

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID : SA11AI.281869

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. PHYLLIS NICHOLAS

Mailing Address 40 HOWARD RD

City State Zip Code
 GREENWICH CT 06831

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.280806

Amount of Each Receipt this Period

200.00

EM/SASSE/TRANS05072014

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

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

575.00

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 114 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MARY NIELSEN

Mailing Address 417 DEWITT PARK RD.

City State Zip Code
 YREKA CA 96097

FEC ID number of contributing
federal political committee.

C

Name of Employer
 RESCUE RANCH, INC

Occupation
 KENNEL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

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

Transaction ID : SA11AI.280665

Amount of Each Receipt this Period

25.00

EM/SMITH/TRANS05142014

Full Name (Last, First, Middle Initial)

B. MARY NIELSEN

Mailing Address 417 DEWITT PARK RD.

City State Zip Code
 YREKA CA 96097

FEC ID number of contributing
federal political committee.

C

Name of Employer
 RESCUE RANCH, INC

Occupation
 KENNEL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 24 / 2014

Transaction ID : SA11AI.280657

Amount of Each Receipt this Period

25.00

EM/RATCLIFFE/TRANS05282014

Full Name (Last, First, Middle Initial)

C. GEORGE NILSEN

Mailing Address 117 BREEZY PT

City State Zip Code
 EUSTIS FL 32726

FEC ID number of contributing
federal political committee.

C

Name of Employer
 INFORMATION REQUESTED

Occupation
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID : SA11AI.282031

Amount of Each Receipt this Period

1200.00

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

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

1250.00

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 115 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. GEORGE NILSEN

Mailing Address 117 BREEZY PT

City

EUSTIS

State

FL

Zip Code

32726

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.282032

Amount of Each Receipt this Period

480.00

Full Name (Last, First, Middle Initial)

B. ELAINE NISENOFF

Mailing Address 6637 ROYER AVE

City

WEST HILLS

State

CA

Zip Code

91307

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.282704

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MICHAEL NOTZON

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

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280808

Amount of Each Receipt this Period

50.00

EM/SASSE/TRANS05072014

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

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

630.00

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 116 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. RICHARD OLANDER

Mailing Address 1742 N FITZGERALD LN

City

HANFORD

State

CA

Zip Code

93230

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

516.00

Date of Receipt

05 / 05 / 2014

Transaction ID : SA11AI.283444

Amount of Each Receipt this Period

104.00

Full Name (Last, First, Middle Initial)

B. RICHARD OLANDER

Mailing Address 1742 N FITZGERALD LN

City

HANFORD

State

CA

Zip Code

93230

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

724.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.283445

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

C. LINDA ONDRIEZEK

Mailing Address 2400 ROCKY POINT RD

City

MALABAR

State

FL

Zip Code

32950

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.280631

Amount of Each Receipt this Period

50.00

EM/MCDANIEL/TRANS05282014

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

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

362.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 117 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. DR. JONATHAN ORR

Mailing Address 37 RIDGE RD.

City
DANBURY

State Zip Code
CT 06810

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280804

Amount of Each Receipt this Period

100.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

B. DR. JONATHAN ORR

Mailing Address 37 RIDGE RD.

City
DANBURY

State Zip Code
CT 06810

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 10 / 2014

Transaction ID : SA11AI.280755

Amount of Each Receipt this Period

100.00

EM/SASSE/TRANS05142014

Full Name (Last, First, Middle Initial)

C. DR. JONATHAN ORR

Mailing Address 37 RIDGE RD.

City
DANBURY

State Zip Code
CT 06810

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 10 / 2014

Transaction ID : SA11AI.280782

Amount of Each Receipt this Period

100.00

EM/MOONEY/TRANS05142014

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 118 OF 311
(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 (Last, First, Middle Initial)

A. MARJORIE OSBORN

Mailing Address PO BOX 211448

City

AUKE BAY

State

AK

Zip Code

99821

FEC ID number of contributing
federal political committee.

C

Name of Employer

EFFECTIVE COMMUNICATIONS

Occupation

WRITER/EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

05 / 03 / 2014

Transaction ID : SA11AI.280832

Amount of Each Receipt this Period

50.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

B. MARJORIE OSBORN

Mailing Address PO BOX 211448

City

AUKE BAY

State

AK

Zip Code

99821

FEC ID number of contributing
federal political committee.

C

Name of Employer

EFFECTIVE COMMUNICATIONS

Occupation

WRITER/EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

05 / 21 / 2014

Transaction ID : SA11AI.280623

Amount of Each Receipt this Period

50.00

EM/MCDANIEL/TRANS05282014

Full Name (Last, First, Middle Initial)

C. VIRGINIA OSMUN

Mailing Address 9966 LOGAN ST

City

THORNTON

State

CO

Zip Code

80229

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.283101

Amount of Each Receipt this Period

90.00

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

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

190.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 119 OF 311
(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 (Last, First, Middle Initial)

A. MRS. NORMA J OWENS

Mailing Address 159 OLD BASTROP RD

City State Zip Code
 CEDAR CREEK TX 78612

FEC ID number of contributing
federal political committee.

C

Name of Employer

GYNETICS

Occupation

MEDICAL ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.14

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11AI.280750

Amount of Each Receipt this Period

20.14

EM/SASSE/TRANS05142014

Full Name (Last, First, Middle Initial)

B. DALE OYHUS

Mailing Address 13973 FRANKS CREEK RD

City State Zip Code
 MEDORA ND 58645

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 02 / 2014

Transaction ID : SA11AI.282422

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. JAMES PANKONIEN

Mailing Address 2313 GOLD DR

City State Zip Code
 FITCHBURG WI 53711

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

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

Transaction ID : SA11AI.282848

Amount of Each Receipt this Period

300.00

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

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

445.14

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

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

FOR LINE NUMBER: PAGE 120 OF 311

(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 (Last, First, Middle Initial)

A. JENISE PEARSON

Mailing Address 2911 LAUREL CHERRY WAY

City State Zip Code
THE WOODLANDS TX 77380

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

MM / DD / YYYY
05 / 01 / 2014

Transaction ID : SA11AI.280563

Amount of Each Receipt this Period

25.00

EM/BEVIN/TRANS05072014

Full Name (Last, First, Middle Initial)

B. JENISE PEARSON

Mailing Address 2911 LAUREL CHERRY WAY

City State Zip Code
SPRING TX 77380

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

MM / DD / YYYY
05 / 01 / 2014

Transaction ID : SA11AI.280789

Amount of Each Receipt this Period

25.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

C. JENISE PEARSON

Mailing Address 2911 LAUREL CHERRY WAY

City State Zip Code
THE WOODLANDS TX 77380

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

MM / DD / YYYY
05 / 16 / 2014

Transaction ID : SA11AI.280574

Amount of Each Receipt this Period

15.00

EM/BEVIN/TRANS05212014

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

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

65.00

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 121 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. PAUL PEELER

Mailing Address 11649 LEOPARD ST STE 3

City State Zip Code
CORP CHRISTI TX 78410

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.283153

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. MS. NAOMI PEREZ

Mailing Address 185 DROMS ROAD

City State Zip Code
GLENVILLE NY 12302

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 03 / 2014

Transaction ID : SA11AI.280568

Amount of Each Receipt this Period

50.00

EM/BEVIN/TRANS05072014

Full Name (Last, First, Middle Initial)

C. MS. NAOMI PEREZ

Mailing Address 185 DROMS ROAD

City State Zip Code
GLENVILLE NY 12302

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

05 / 03 / 2014

Transaction ID : SA11AI.280833

Amount of Each Receipt this Period

30.00

EM/SASSE/TRANS05072014

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

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

380.00

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 122 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MS ANEE PERRI

Mailing Address 4975 SW 65TH AVE

City
PORTLAND

State Zip Code
OR 97221

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11AI.282522

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MS ANEE PERRI

Mailing Address 4975 SW 65TH AVE

City
PORTLAND

State Zip Code
OR 97221

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID : SA11AI.282523

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. DICK PINER

Mailing Address 4401 PATTERSON DR

City
NEW ORLEANS

State Zip Code
LA 70131

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.282775

Amount of Each Receipt this Period

250.00

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

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

950.00

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 123 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. JOSEPH J PINTANDE V

Mailing Address 1212 BUSHKILL ST

City
EASTON

State Zip Code
PA 18042

FEC ID number of contributing
federal political committee.

C

Name of Employer

LA SALON

Occupation

HAIR ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

92.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.280557

Amount of Each Receipt this Period

5.00

EM/JOHNSON/TRANS05212014

Full Name (Last, First, Middle Initial)

B. JOSEPH J PINTANDE V

Mailing Address 1212 BUSHKILL ST

City
EASTON

State Zip Code
PA 18042

FEC ID number of contributing
federal political committee.

C

Name of Employer

LA SALON

Occupation

HAIR ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

97.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.280588

Amount of Each Receipt this Period

5.00

EM/BROUN/05212014

Full Name (Last, First, Middle Initial)

C. JOSEPH J PINTANDE V

Mailing Address 1212 BUSHKILL ST

City
EASTON

State Zip Code
PA 18042

FEC ID number of contributing
federal political committee.

C

Name of Employer

LA SALON

Occupation

HAIR ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

102.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.280582

Amount of Each Receipt this Period

5.00

EM/BIRMAN/TRANS05282014

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

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

15.00

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 124 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. JOSEPH J PINTANDE V

Mailing Address 1212 BUSHKILL ST

City
EASTON

State Zip Code
PA 18042

FEC ID number of contributing
federal political committee.

C

Name of Employer

LA SALON

Occupation

HAIR ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

107.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.280656

Amount of Each Receipt this Period

5.00

EM/RATCLIFFE/TRANS05282014

Full Name (Last, First, Middle Initial)

B. KENNETH PITTMAN

Mailing Address 5331 SKYLINE BLVD.

City
CAPE CORAL

State Zip Code
FL 33914

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280564

Amount of Each Receipt this Period

50.00

EM/BEVIN/TRANS05072014

Full Name (Last, First, Middle Initial)

C. KENNETH PITTMAN

Mailing Address 5331 SKYLINE BLVD.

City
CAPE CORAL

State Zip Code
FL 33914

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280790

Amount of Each Receipt this Period

50.00

EM/SASSE/TRANS05072014

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

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

105.00

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 125 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. CORNEL POP

Mailing Address 5615 E LA PRIVADA DR

City State Zip Code
 CORNVILLE AZ 86325

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 02 / 2014

Transaction ID : SA11AI.280828

Amount of Each Receipt this Period

30.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

B. LOUIS POPPITO

Mailing Address 3742 BERNARD DR

City State Zip Code
 WANTAGH NY 11793

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA11AI.282233

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. WILLIAM PORTER

Mailing Address 1003 N NORMA ST

City State Zip Code
 RIDGECREST CA 93555

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

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

Transaction ID : SA11AI.280838

Amount of Each Receipt this Period

25.00

EM/SASSE/TRANS05072014

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

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

455.00

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 126 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. HENRY PRIDGEN

Mailing Address 1510 E 24TH AVE

City State Zip Code
 CORDELE GA 31015

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2014

Transaction ID : SA11AI.283181

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. JEFFREY PURYEAR

Mailing Address 1126 TERRACE DRIVE

City State Zip Code
 BRYAN TX 77802

FEC ID number of contributing
federal political committee.

C

Name of Employer

TEXAS AGRILIFE RESEARCH

Occupation

LAB TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280821

Amount of Each Receipt this Period

100.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

C. RETA PYETT

Mailing Address 32471 SAN MIGUELITO DR.

City State Zip Code
 THOUSAND PALMS CA 92276

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.280569

Amount of Each Receipt this Period

25.00

EM/BEVIN/TRANS05142014

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

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

325.00

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 127 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MARJORIE RADFORD

Mailing Address 5118 6TH ST N

City
ARLINGTON

State Zip Code
VA 22203

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID : SA11AI.282956

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. ARTHUR RANEY

Mailing Address 1020 WESTBROOK DR

City
MOORESVILLE

State Zip Code
IN 46158

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.284048

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. ARTHUR RANEY

Mailing Address 1020 WESTBROOK DR

City
MOORESVILLE

State Zip Code
IN 46158

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.284248

Amount of Each Receipt this Period

25.00

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

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

95.00

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

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

FOR LINE NUMBER: PAGE 128 OF 311
(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 (Last, First, Middle Initial)

A. MR. THOMAS B REAGAN

Mailing Address 7661 TOTMAN RD

City

SYRACUSE

State

NY

Zip Code

13212

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYS COL OF FORESTRY

Occupation

RETIRED TV ENGINEER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.283874

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DAVID REESE

Mailing Address 285 REDONDO RD

City

YOUNGSTOWN

State

OH

Zip Code

44504

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11AI.281912

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR. GREG REID

Mailing Address 150 SCOTT LANE

City

PRATTVILLE

State

AL

Zip Code

36066

FEC ID number of contributing
federal political committee.

C

Name of Employer

BB&T

Occupation

IT SYSTEMS CONSULTANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.280817

Amount of Each Receipt this Period

5.00

EM/SASSE/TRANS05072014

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

130.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 129 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. GEORGE REYNOLDS

Mailing Address 8226 SUMMERFIELD HILLS DR

City State Zip Code
 WARRENTON VA 20186

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 27 / 2014

Transaction ID : SA11AI.283062

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. KATHRYN RIEMCKE

Mailing Address 4555 NE 66TH AVE APT 323

City State Zip Code
 VANCOUVER WA 98661

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.282656

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. PHILIP RITCH

Mailing Address 146 KALUAMOO ST

City State Zip Code
 KAILUA HI 96734

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

05 / 27 / 2014

Transaction ID : SA11AI.284128

Amount of Each Receipt this Period

60.00

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

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

170.00

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 130 OF 311

<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 (Last, First, Middle Initial)

A. JAMES M ROBINSON

Mailing Address 7447 FIELDCREST

 City
 BRIGHTON

 State
 MI

 Zip Code
 48116

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	2		2	0	1	4		

Transaction ID : SA11AI.280647

Amount of Each Receipt this Period

25.00

EM/MOONEY/TRANS05072014

Full Name (Last, First, Middle Initial)

B. DELBERT ROBINSON

Mailing Address 801 ALABAMA ST

 City
 LAKE ARTHUR

 State
 NM

 Zip Code
 88253

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

IRRIGATION SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	5		2	0	1	4		

Transaction ID : SA11AI.282621

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. SANDY RODIE

Mailing Address 2912 HORSEBACK COURT

 City
 COLLEGE STATION

 State
 TX

 Zip Code
 77845

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	1		2	0	1	4		

Transaction ID : SA11AI.280793

Amount of Each Receipt this Period

10.00

EM/SASSE/TRANS05072014

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

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

235.00

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 131 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MR JAMES C ROE

Mailing Address 337 THE HILLS DR

City

THE HILLS

State

TX

Zip Code

78738

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.282046

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. MR JAMES C ROE

Mailing Address 337 THE HILLS DR

City

THE HILLS

State

TX

Zip Code

78738

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 19 / 2014

Transaction ID : SA11AI.282047

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. KENNETH ROLFE

Mailing Address 301 SE FOUNDATION DR

City

DALLAS

State

OR

Zip Code

97338

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

630.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.283202

Amount of Each Receipt this Period

240.00

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

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

740.00

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 132 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. ALEX ROMERO

Mailing Address 2729 LONG CT

City

LAS VEGAS

State

NV

Zip Code

89121

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11AI.281245

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. JACK ROSENAU

Mailing Address 1177 OLD FORT DR

City

TALLAHASSEE

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11AI.282688

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR. MARINA ROZENBERG

Mailing Address 450 E 63RD ST.

City

NEW YORK

State

NY

Zip Code

10065

FEC ID number of contributing
federal political committee.

C

Name of Employer

MSKCC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11AI.280610

Amount of Each Receipt this Period

50.00

EM/MCDANIEL/TRANS05282014

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

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

250.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 133 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. DAVID SAAH

Mailing Address 3841 FARRCROFT GREEN

City
FAIRFAX

State Zip Code
VA 22030

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11AI.280692

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. CHARLES SAMMLER

Mailing Address 505 COONPATH RD NE

City
LANCASTER

State Zip Code
OH 43130

FEC ID number of contributing
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.281780

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. LINDA SARTE

Mailing Address 1524 MIRA LAGO CIR

City
RUSKIN

State Zip Code
FL 33570

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11AI.283276

Amount of Each Receipt this Period

40.00

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

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

330.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 134 OF 311
 (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 (Last, First, Middle Initial)

A. MARY SAULSBURY

Mailing Address 5209 N BENTWOOD DR

City	State	Zip Code
SAN ANGELO	TX	76904

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

Transaction ID : SA11AI.282788

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. JAMES L SCHLAVER

Mailing Address 1778 BROME DR

City	State	Zip Code
STEAMBOAT SPRINGS	CO	80487

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2014

Transaction ID : SA11AI.283532

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. BARRY SCHLECH

Mailing Address 3550 COUNTRY VISTA DRIVE

City	State	Zip Code
BURLESON	TX	76028

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

PHARMACEUTICAL MICROBIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2014

Transaction ID : SA11AI.280615

Amount of Each Receipt this Period

250.00

EM/MCDANIEL/TRANS05282014

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

600.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 135 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. STANLEY SCHMIDT

Mailing Address PO BOX 137

City

DALLAS

State

OR

Zip Code

97338

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.280829

Amount of Each Receipt this Period

100.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

B. STANLEY SCHMIDT

Mailing Address PO BOX 137

City

DALLAS

State

OR

Zip Code

97338

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.280777

Amount of Each Receipt this Period

50.00

EM/MOONEY/TRANS05142014

Full Name (Last, First, Middle Initial)

C. STANLEY SCHMIDT

Mailing Address PO BOX 137

City

DALLAS

State

OR

Zip Code

97338

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.280778

Amount of Each Receipt this Period

50.00

EM/MOONEY/TRANS05142014

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

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

200.00

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 136 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. JOAN SCHMIDT

Mailing Address 4506 PROVIDENCE POINT PL SE

City State Zip Code
 ISSAQUAH WA 98029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

05 / 10 / 2014

Transaction ID : SA11AI.280756

Amount of Each Receipt this Period

100.00

EM/SASSE/TRANS05142014

Full Name (Last, First, Middle Initial)

B. HARRY SCHMIDT

Mailing Address 7100 E BELLEVIEW AVE STE 307

City State Zip Code
 GREENWOOD VILLAGE CO 80111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SCHMIDT & ASSOCIATES PC

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.284115

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

C. MRS. JUDY SCHOEN

Mailing Address 115 LEIGHTON

City State Zip Code
 TERRELL TX 75160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280815

Amount of Each Receipt this Period

50.00

EM/SASSE/TRANS05072014

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:
(check only one)

PAGE 137 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. ELMER SCHOENHALS

Mailing Address 13850 COUNTY ROAD L

City

PERRYTON

State

TX

Zip Code

79070

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.283414

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. WALTER SCHOONMAKER

Mailing Address 64 POE ST

City

HARTSDALE

State

NY

Zip Code

10530

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.284317

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MR JOSEPH SCHRADER II

Mailing Address 138 SANTUIT LN

City

MASHPEE

State

MA

Zip Code

02649

FEC ID number of contributing
federal political committee.

C

Name of Employer

PLYMOUTH & BROCKTON STREET RAILWAY

Occupation

BUS DRIVER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.283914

Amount of Each Receipt this Period

300.00

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

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

850.00

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

PAGE 138 OF 311

<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 (Last, First, Middle Initial)

A. KRISTINE SCHROEDER

Mailing Address W4136 RAASCH HILL RD

City
HORICONState Zip Code
WI 53032FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2014

Transaction ID : SA11AI.282051

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. JOSEPH SCHUBERT

Mailing Address PO BOX 23

City
LITTLE FALLSState Zip Code
MN 56345FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2014

Transaction ID : SA11AI.282811

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. MR TERRY SCOTT

Mailing Address PO BOX 1288

City
ARGYLEState Zip Code
TX 76226FEC ID number of contributing
federal political committee.

C

Name of Employer

DERSLCE TRUCK VEASONG

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2014

Transaction ID : SA11AI.284346

Amount of Each Receipt this Period

300.00

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

900.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 139 OF 311
(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 (Last, First, Middle Initial)

A. MS MARCIA SEEGER

Mailing Address 3053 COLETTE DR

City

SAN PABLO

State

CA

Zip Code

94806

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.281709

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MR HENRY SEELIGSON

Mailing Address 7140 MIDCREST DR

City

DALLAS

State

TX

Zip Code

75254

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11AI.283108

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. PAUL SETTER

Mailing Address 506 SHENANDOAH CT

City

DUNCANVILLE

State

TX

Zip Code

75137

FEC ID number of contributing
federal political committee.

C

Name of Employer

WYCLIFFE BIBLE TRANSLATORS

Occupation

BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11AI.280620

Amount of Each Receipt this Period

25.00

EM/MCDANIEL/TRANS05282014

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

275.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 140 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. HARVEY SHEREN

Mailing Address 1001 ISLA VERDE SQ

City

VERO BEACH

State

FL

Zip Code

32963

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.282899

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

B. HARVEY SHEREN

Mailing Address 1001 ISLA VERDE SQ

City

VERO BEACH

State

FL

Zip Code

32963

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.282900

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. HENRIETTA SHERMERHORN

Mailing Address 19070 SHADY DR

City

PRUNEDALE

State

CA

Zip Code

93907

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11AI.282982

Amount of Each Receipt this Period

100.00

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

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

255.00

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 141 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. JOHN SHILLINGBURG

Mailing Address 4800 FILLMORE AVE APT 603

City State Zip Code
 ALEXANDRIA VA 22311

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

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

Transaction ID : SA11AI.282411

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ARVEL SHIPLEY

Mailing Address 629 GRANT AVE

City State Zip Code
 TWIN FALLS ID 83301

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.283577

Amount of Each Receipt this Period

36.00

Full Name (Last, First, Middle Initial)

C. JOHN SJOGREN

Mailing Address 335 N 127TH ST E

City State Zip Code
 WICHITA KS 67206

FEC ID number of contributing
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.282538

Amount of Each Receipt this Period

500.00

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

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

636.00

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 142 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. ROGER SLKAGOWSKI

Mailing Address 295 E 300 N

City
CENTERVILLE

State Zip Code
UT 84014

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 26 / 2014

Transaction ID : SA11AI.280583

Amount of Each Receipt this Period

15.00

EM/BIRMAN/TRANS05282014

Full Name (Last, First, Middle Initial)

B. RUBY SMALLEY

Mailing Address 978 NAPLES ST

City
MENDOTA

State Zip Code
CA 93640

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

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

Transaction ID : SA11AI.281929

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. RUBY SMALLEY

Mailing Address 978 NAPLES ST

City
MENDOTA

State Zip Code
CA 93640

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.281930

Amount of Each Receipt this Period

80.00

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

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

145.00

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 143 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. EDWARD SMITH

Mailing Address 6109 STONEHAVEN DR

City
NASHVILLE

State Zip Code
TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer

LUG

Occupation

REATAURANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280795

Amount of Each Receipt this Period

100.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

B. DAVID SMITH

Mailing Address 2512 FAIRMONT AVE

City
DAYTON

State Zip Code
OH 45419

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.282512

Amount of Each Receipt this Period

160.00

Full Name (Last, First, Middle Initial)

C. CHRISTINE SMITH

Mailing Address 87 LORDS HWY

City
WESTON

State Zip Code
CT 06883

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.283693

Amount of Each Receipt this Period

500.00

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:
(check only one)

PAGE 144 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. EDWARD SMITH

Mailing Address 6109 STONEHAVEN DR

City

NASHVILLE

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer

LUG

Occupation

REATAURANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

05 / 05 / 2014

Transaction ID : SA11AI.280743

Amount of Each Receipt this Period

100.00

EM/SASSE/TRANS05142014

Full Name (Last, First, Middle Initial)

B. BAKER SMITH

Mailing Address 3360 E TERRELL BRANCH CT SE

City

MARIETTA

State

GA

Zip Code

30067

FEC ID number of contributing
federal political committee.

C

Name of Employer

BDO CONSULTING CORP. ADVISORS

Occupation

MANAGEMENT CONSULTANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.284139

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. THOMAS SMITH

Mailing Address 2748 VIA CAMPESINA

City

PALOS VERDES ESTATES

State

CA

Zip Code

90274

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 27 / 2014

Transaction ID : SA11AI.284301

Amount of Each Receipt this Period

200.00

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

400.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 145 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. AJ SOUTHARD

Mailing Address 7563 KEYDEER CT

City

FT MYERS

State

FL

Zip Code

33966

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.280747

Amount of Each Receipt this Period

50.00

EM/SASSE/TRANS05142014

Full Name (Last, First, Middle Initial)

B. AJ SOUTHARD

Mailing Address 7563 KEYDEER CT

City

FT MYERS

State

FL

Zip Code

33966

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 22 / 2014

Transaction ID : SA11AI.280629

Amount of Each Receipt this Period

50.00

EM/MCDANIEL/TRANS05282014

Full Name (Last, First, Middle Initial)

C. HELEN SROCZYK

Mailing Address 120 SUMMIT AVE

City

BLOOMFIELD

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.281850

Amount of Each Receipt this Period

320.00

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

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

420.00

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 146 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. ROLAND ST LOUIS

Mailing Address 15 GRISWOLD AVE

City
GROTON

State Zip Code
CT 06340

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.282572

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. ROLAND ST LOUIS

Mailing Address 15 GRISWOLD AVE

City
GROTON

State Zip Code
CT 06340

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

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

Transaction ID : SA11AI.282573

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MR DUANE W STANFIELD

Mailing Address 1237 E 1ST ST APT 18

City
LONG BEACH

State Zip Code
CA 90802

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11AI.284080

Amount of Each Receipt this Period

200.00

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

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

450.00

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 147 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BRIAN STANLEY

Mailing Address 4500 PECAN MEADOW CT

City

FORT WORTH

State

TX

Zip Code

76140

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.283786

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. STANLEY STARN

Mailing Address PO BOX 12378

City

ASPEN

State

CO

Zip Code

81612

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11AI.281803

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MR JACK W STEPHENSON

Mailing Address 38 BRIARCLIFF RD

City

GILFORD

State

NH

Zip Code

03249

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

606.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.283092

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 148 OF 311
(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 (Last, First, Middle Initial)

A. RUTH STEYN

Mailing Address 3356 WHIPPOORWILL LN

City State Zip Code
 OXFORD MS 38655

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.280813

Amount of Each Receipt this Period

50.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

B. RUTH STEYN

Mailing Address 3356 WHIPPOORWILL LN

City State Zip Code
 OXFORD MS 38655

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

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

Transaction ID : SA11AI.281612

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. MARILYN STIGLITZ

Mailing Address 232 BALTUSROL WAY

City State Zip Code
 SPRINGFIELD NJ 07081

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.282432

Amount of Each Receipt this Period

750.00

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

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

880.00

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 149 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MR MILTON S STRONG

Mailing Address 4319 MARGATE DR

City

DALLAS

State

TX

Zip Code

75220

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11AI.284197

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. JAMES STRZALKA

Mailing Address 3756 N LEAVITT ST

City

CHICAGO

State

IL

Zip Code

60618

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.283732

Amount of Each Receipt this Period

180.00

Full Name (Last, First, Middle Initial)

C. JOHN SULLIVAN

Mailing Address 1721-D FOUNTAIN ROCK WAY

City

EDGEWOOD

State

MD

Zip Code

21040

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.280646

Amount of Each Receipt this Period

14.00

EM/MOONEY/TRANS05072014

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

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

294.00

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

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

FOR LINE NUMBER: PAGE 150 OF 311
(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 (Last, First, Middle Initial)

A. DONALD SURGEON

Mailing Address PO BOX 363

City

JERSEYVILLE

State

IL

Zip Code

62052

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

725.00

Date of Receipt

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

Transaction ID : SA11AI.283576

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. CHARLES SWIFT

Mailing Address 316 GREENLEAF DR

City

KERRVILLE

State

TX

Zip Code

78028

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID : SA11AI.283045

Amount of Each Receipt this Period

180.00

Full Name (Last, First, Middle Initial)

C. MR PHILIP W TAGGART

Mailing Address 834 HEATHER CT

City

HOUSTON

State

TX

Zip Code

77024

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.281319

Amount of Each Receipt this Period

250.00

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

730.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 151 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MS. JUDITH K TARVER

Mailing Address 8937 HIGHWAY 85 N

City

LAUREL HILL

State

FL

Zip Code

32567

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.283535

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. JAAMES L TAYLOR

Mailing Address 485 MCLEAN RD.

City

OWEGO

State

NY

Zip Code

13827

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.280827

Amount of Each Receipt this Period

10.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

C. MRS. SUSAN TAYLOR

Mailing Address 4702 SHALE OAKS AVE

City

COLUMBIA

State

MO

Zip Code

65203

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF MISSOURI

Occupation

RESEARCH SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.280753

Amount of Each Receipt this Period

50.00

EM/SASSE/TRANS05142014

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

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

260.00

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 152 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MARILYN TAYLOR

Mailing Address 804 TOBACCOPORT RD

City State Zip Code
 BUMPUS MILLS TN 37028

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 27 / 2014

Transaction ID : SA11AI.281144

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ROBERT TECHO

Mailing Address 311 TAHOE DR

City State Zip Code
 HARTWELL GA 30643

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

05 / 19 / 2014

Transaction ID : SA11AI.281858

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. L TERRILL

Mailing Address 1220 W CAMINO URBANO

City State Zip Code
 GREEN VALLEY AZ 85622

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.282771

Amount of Each Receipt this Period

150.00

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

1210.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 153 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MR. WILLIAM N THOMPSON

Mailing Address 204 MANDALAY ST

City

SAN MARCOS

State

TX

Zip Code

78666

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

MICROBIOLOGIST CONSULTANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.284348

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. KEITH TODD

Mailing Address 5266 CREEK WALK CIR.

City

PEACHTREE CORNERS

State

GA

Zip Code

30092

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.280558

Amount of Each Receipt this Period

50.00

EM/JOHNSON/TRANS05212014

Full Name (Last, First, Middle Initial)

C. KEITH TODD

Mailing Address 5266 CREEK WALK CIR.

City

PEACHTREE CORNERS

State

GA

Zip Code

30092

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

150.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.280573

Amount of Each Receipt this Period

100.00

EM/BEVIN/TRANS05212014

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

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

250.00

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

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

FOR LINE NUMBER: PAGE 154 OF 311
(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 (Last, First, Middle Initial)

A. KEITH TODD

Mailing Address 5266 CREEK WALK CIR.

City State Zip Code
 PEACHTREE CORNERS GA 30092

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA11AI.280581

Amount of Each Receipt this Period

50.00

EM/BIRMAN/TRANS05212014

Full Name (Last, First, Middle Initial)

B. KEITH TODD

Mailing Address 5266 CREEK WALK CIR.

City State Zip Code
 PEACHTREE CORNERS GA 30092

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA11AI.280592

Amount of Each Receipt this Period

50.00

EM/HALVORSON/TRANS05212014

Full Name (Last, First, Middle Initial)

C. KEITH TODD

Mailing Address 5266 CREEK WALK CIR.

City State Zip Code
 PEACHTREE CORNERS GA 30092

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA11AI.280599

Amount of Each Receipt this Period

50.00

EM/LOUDERMILK/TRANS05212014

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:
(check only one)

PAGE 155 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. KEITH TODD

Mailing Address 5266 CREEK WALK CIR.

City State Zip Code
PEACHTREE CORNERS GA 30092

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.280607

Amount of Each Receipt this Period

100.00

EM/MCDANIEL/TRANS05212014

Full Name (Last, First, Middle Initial)

B. KEITH TODD

Mailing Address 5266 CREEK WALK CIR.

City State Zip Code
PEACHTREE CORNERS GA 30092

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.280638

Amount of Each Receipt this Period

100.00

EM/MANESS/TRANS05212014

Full Name (Last, First, Middle Initial)

C. KEITH TODD

Mailing Address 5266 CREEK WALK CIR.

City State Zip Code
PEACHTREE CORNERS GA 30092

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.280642

Amount of Each Receipt this Period

50.00

EM/MATHIS/TRANS05212014

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

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

250.00

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 156 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. KEITH TODD

Mailing Address 5266 CREEK WALK CIR.

City State Zip Code
 PEACHTREE CORNERS GA 30092

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.280653

Amount of Each Receipt this Period

50.00

EM/RATCLIFFE/TRANS05212014

Full Name (Last, First, Middle Initial)

B. KEITH TODD

Mailing Address 5266 CREEK WALK CIR.

City State Zip Code
 PEACHTREE CORNERS GA 30092

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.280666

Amount of Each Receipt this Period

50.00

EM/SMITH/TRANS05212014

Full Name (Last, First, Middle Initial)

C. KEITH TODD

Mailing Address 5266 CREEK WALK CIR.

City State Zip Code
 PEACHTREE CORNERS GA 30092

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.280671

Amount of Each Receipt this Period

100.00

EM/WOLF/TRANS05212014

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

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

200.00

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 157 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. KEITH TODD

Mailing Address 5266 CREEK WALK CIR.

City State Zip Code
 PEACHTREE CORNERS GA 30092

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 24 / 2014

Transaction ID : SA11AI.280596

Amount of Each Receipt this Period

50.00

EM/JOHNSON/TRANS05282014

Full Name (Last, First, Middle Initial)

B. KEITH TODD

Mailing Address 5266 CREEK WALK CIR.

City State Zip Code
 PEACHTREE CORNERS GA 30092

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

05 / 24 / 2014

Transaction ID : SA11AI.280601

Amount of Each Receipt this Period

50.00

EM/LOUDERMILK/TRANS05282014

Full Name (Last, First, Middle Initial)

C. MR MICHAEL D TURHOLM

Mailing Address 3703 COLLIER LN

City State Zip Code
 KLAMATH FALLS OR 97603

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.284207

Amount of Each Receipt this Period

500.00

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

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

600.00

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

PAGE 158 OF 311

<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 (Last, First, Middle Initial)

A. ROBERT TURNER

Mailing Address 9117 HUNDLEY RD

City

CHATTANOOGA

State

TN

Zip Code

37416

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	1			2	0	1	4		

Transaction ID : SA11AI.280611

Amount of Each Receipt this Period

10.00

EM/MCDANIEL/TRANS05282014

Full Name (Last, First, Middle Initial)

B. MRS. ELAINE C VECHORIK

Mailing Address 69 EARLES FORK RD.

City

STURGIS

State

MS

Zip Code

39769

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

MOTORCYCLE PARTS SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	1			2	0	1	4		

Transaction ID : SA11AI.280635

Amount of Each Receipt this Period

5000.00

EM/MCDANIEL/TRANS05072014

Full Name (Last, First, Middle Initial)

C. MRS. ELAINE C VECHORIK

Mailing Address 69 EARLES FORK RD.

City

STURGIS

State

MS

Zip Code

39769

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

MOTORCYCLE PARTS SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5200.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	1			2	0	1	4		

Transaction ID : SA11AI.280810

Amount of Each Receipt this Period

200.00

EM/SASSE/TRANS05072014

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

5210.00

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 159 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. STEPHANIE VICKERY

Mailing Address 475 LCR 902

City

JEWETT

State

TX

Zip Code

75846

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.280577

Amount of Each Receipt this Period

20.00

EM/BIRMAN/TRANS05072014

Full Name (Last, First, Middle Initial)

B. STEPHANIE VICKERY

Mailing Address 475 LCR 902

City

JEWETT

State

TX

Zip Code

75846

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

05 / 24 / 2014

Transaction ID : SA11AI.280632

Amount of Each Receipt this Period

20.00

EM/MCDANIEL/TRANS05282014

Full Name (Last, First, Middle Initial)

C. STEPHANIE VICKERY

Mailing Address 475 LCR 902

City

JEWETT

State

TX

Zip Code

75846

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

05 / 24 / 2014

Transaction ID : SA11AI.280639

Amount of Each Receipt this Period

20.00

EM/MANESS/TRANS05282014

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

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

60.00

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

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

FOR LINE NUMBER: PAGE 160 OF 311
(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 (Last, First, Middle Initial)

A. THOMAS VILLAMANA

Mailing Address 151 DEVON RD

City

BRONXVILLE

State

NY

Zip Code

10708

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.280812

Amount of Each Receipt this Period

25.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

B. MERLE WAIT

Mailing Address PO BOX 545

City

PROTECTION

State

KS

Zip Code

67127

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : SA11AI.281837

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

C. CLIFFORD WARD

Mailing Address 945 S ORANGE GROVE BLVD APT D

City

PASADENA

State

CA

Zip Code

91105

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.282784

Amount of Each Receipt this Period

300.00

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

1525.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 161 OF 311

(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 (Last, First, Middle Initial)

A. TERESA WASSON

Mailing Address 1437 S 825 W

City

PORTLAND

State

IN

Zip Code

47371

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

VETERINARIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.280788

Amount of Each Receipt this Period

10.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

B. JUDITH WEISS

Mailing Address 2 DAIRY FARM RD.

City

PORTLAND

State

CT

Zip Code

06480

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.280816

Amount of Each Receipt this Period

25.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

C. ALLEN E WEST

Mailing Address 201 HICKORY CREEK CIR.

City

GUN BARREL CITY

State

TX

Zip Code

75156

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2014

Transaction ID : SA11AI.280649

Amount of Each Receipt this Period

50.00

EM/MOONEY/TRANS05072014

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

85.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 162 OF 311
(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 (Last, First, Middle Initial)

A. STEVEN WEYNAND

Mailing Address 701 PHILLIPS BLVD

City

SAUK CITY

State

WI

Zip Code

53583

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11AI.281569

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. STEVEN WEYNAND

Mailing Address 701 PHILLIPS BLVD

City

SAUK CITY

State

WI

Zip Code

53583

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11AI.281570

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. STEVEN WEYNAND

Mailing Address 701 PHILLIPS BLVD

City

SAUK CITY

State

WI

Zip Code

53583

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11AI.281571

Amount of Each Receipt this Period

100.00

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 163 OF 311
(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 (Last, First, Middle Initial)

A. STEVEN WEYNAND

Mailing Address 701 PHILLIPS BLVD

City
SAUK CITY

State Zip Code
WI 53583

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11AI.281572

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. O WHITTEN

Mailing Address 17040 ARNOLD DR APT 43

City
RIVERSIDE

State Zip Code
CA 92518

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11AI.282542

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MR WARREN O WILCOX

Mailing Address PO BOX 42

City
GUNNISON

State Zip Code
CO 81230

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11AI.281724

Amount of Each Receipt this Period

250.00

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 164 OF 311
(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 (Last, First, Middle Initial)

A. THOMAS WILLIAMS

Mailing Address 300 OVERLAND DR

City

MCKINNEY

State

TX

Zip Code

75069

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280803

Amount of Each Receipt this Period

50.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

B. JACKIE WILLIAMS

Mailing Address 3253 FOX GRAPE ST

City

SPRINGFIELD

State

MO

Zip Code

65804

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.284240

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. JOHN WILSON

Mailing Address 5801 SUN LAKES BLVD APT 119

City

BANNING

State

CA

Zip Code

92220

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.280914

Amount of Each Receipt this Period

100.00

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

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

230.00

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

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

FOR LINE NUMBER: PAGE 165 OF 311
(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 (Last, First, Middle Initial)

A. DONALD WINTER

Mailing Address 7712 APPLE MILL PL

City State Zip Code
 LOUISVILLE KY 40228

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.281993

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. STEVE WISE

Mailing Address 6013 GREENLEAF CT

City State Zip Code
 BRENTWOOD TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN AIRLINES

Occupation

PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.280570

Amount of Each Receipt this Period

200.00

EM/BEVIN/TRANS05142014

Full Name (Last, First, Middle Initial)

C. STEVE WISE

Mailing Address 6013 GREENLEAF CT

City State Zip Code
 BRENTWOOD TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN AIRLINES

Occupation

PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.280579

Amount of Each Receipt this Period

100.00

EM/BIRMAN/TRANS05142014

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

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

500.00

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 166 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. STEVE WISE

Mailing Address 6013 GREENLEAF CT

City
BRENTWOOD

State Zip Code
TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN AIRLINES

Occupation
PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.280585

Amount of Each Receipt this Period

200.00

EM/BROUN/TRANS05142014

Full Name (Last, First, Middle Initial)

B. STEVE WISE

Mailing Address 6013 GREENLEAF CT

City
BRENTWOOD

State Zip Code
TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN AIRLINES

Occupation
PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.280590

Amount of Each Receipt this Period

100.00

EM/HALVORSON/TRANS05142014

Full Name (Last, First, Middle Initial)

C. STEVE WISE

Mailing Address 6013 GREENLEAF CT

City
BRENTWOOD

State Zip Code
TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN AIRLINES

Occupation
PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.280593

Amount of Each Receipt this Period

100.00

EM/JOHNSON/TRANS05142014

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

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

400.00

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 167 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. STEVE WISE

Mailing Address 6013 GREENLEAF CT

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN AIRLINES

Occupation

PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.280598

Amount of Each Receipt this Period

100.00

EM/LOUDERMILK/TRANS05142014

Full Name (Last, First, Middle Initial)

B. STEVE WISE

Mailing Address 6013 GREENLEAF CT

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN AIRLINES

Occupation

PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.280605

Amount of Each Receipt this Period

200.00

EM/MCDANIEL/TRANS05142014

Full Name (Last, First, Middle Initial)

C. STEVE WISE

Mailing Address 6013 GREENLEAF CT

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN AIRLINES

Occupation

PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.280637

Amount of Each Receipt this Period

200.00

EM/MANESS/TRANS05142014

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

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

500.00

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 168 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. STEVE WISE

Mailing Address 6013 GREENLEAF CT

City
BRENTWOOD

State Zip Code
TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN AIRLINES

Occupation
PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.280641

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. STEVE WISE

Mailing Address 6013 GREENLEAF CT

City
BRENTWOOD

State Zip Code
TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN AIRLINES

Occupation
PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.280663

Amount of Each Receipt this Period

100.00

EM/SMITH/TRANS05142014

Full Name (Last, First, Middle Initial)

C. STEVE WISE

Mailing Address 6013 GREENLEAF CT

City
BRENTWOOD

State Zip Code
TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN AIRLINES

Occupation
PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.280668

Amount of Each Receipt this Period

200.00

EM/WOLF/TRANS05142014

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

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

400.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 169 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. STEVE WISE

Mailing Address 6013 GREENLEAF CT

City
BRENTWOOD

State Zip Code
TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN AIRLINES

Occupation
PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.280748

Amount of Each Receipt this Period

200.00

EM/SASSE/TRANS05142014

Full Name (Last, First, Middle Initial)

B. STEVE WISE

Mailing Address 6013 GREENLEAF CT

City
BRENTWOOD

State Zip Code
TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN AIRLINES

Occupation
PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.280775

Amount of Each Receipt this Period

100.00

EM/MOONEY/TRANS05142014

Full Name (Last, First, Middle Initial)

C. STEVE WISE

Mailing Address 6013 GREENLEAF CT

City
BRENTWOOD

State Zip Code
TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN AIRLINES

Occupation
PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 14 / 2014

Transaction ID : SA11AI.280652

Amount of Each Receipt this Period

100.00

EM/RATCLIFFE/TRANS05142014

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

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

400.00

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 170 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. WINTON WISE

Mailing Address 1403 MARKS AVE

City

BAY MINETTE

State

AL

Zip Code

36507

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.282987

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. ESTER WOOD

Mailing Address 2485 TOWNLEY LN

City

NORTH GARDEN

State

VA

Zip Code

22959

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

601.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.282782

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. JIM WOODMAN

Mailing Address 1401 CIRCLE DR

City

ABILENE

State

TX

Zip Code

79602

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.284067

Amount of Each Receipt this Period

60.00

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

340.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 171 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. JIM WOODS

Mailing Address 7619 PENNYBURN DR

City
DALLAS

State Zip Code
TX 75248

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2014

Transaction ID : SA11AI.282388

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MR ROBERT K WORMALD SR

Mailing Address 10121 CHAPEL RD

City
POTOMAC

State Zip Code
MD 20854

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.282070

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MR THOMAS E YEARY

Mailing Address 9523 BAY VISTA ESTATES BLVD

City
ORLANDO

State Zip Code
FL 32836

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.282196

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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 172 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. KATHERINE YOUELL

Mailing Address 351 PRIMA VERA COVE

City State Zip Code
 ALTAMONTE SPRING FL 32714

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280576

Amount of Each Receipt this Period

200.00

EM/BIRMAN/TRANS05072014

Full Name (Last, First, Middle Initial)

B. MS. CINDY YOUELL

Mailing Address 351 PRIMA VERA COVE

City State Zip Code
 ALTAMONTE SPG FL 32714

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 01 / 2014

Transaction ID : SA11AI.280822

Amount of Each Receipt this Period

250.00

EM/SASSE/TRANS05072014

Full Name (Last, First, Middle Initial)

C. ARTHUR ZELLMER

Mailing Address PO BOX 325

City State Zip Code
 DAVENPORT WA 99122

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

05 / 05 / 2014

Transaction ID : SA11AI.282366

Amount of Each Receipt this Period

200.00

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

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

650.00

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 173 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. JEANNE ZOOK

Mailing Address 246 NE 130TH PL

City
PORTLAND

State Zip Code
OR 97230

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11AI.282132

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

100.00

98516.14

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

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

FOR LINE NUMBER: PAGE 174 OF 311
(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 (Last, First, Middle Initial)

A. HSP DIRECT

Mailing Address 13755 SUNRISE DR
SUITE 450

City State Zip Code
HERNDON VA 20171

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.56

Date of Receipt

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

Transaction ID : SA15.280884

Amount of Each Receipt this Period

855.33

PAC POSTAGE REFUND

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

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

855.33

855.33

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

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

FOR LINE NUMBER: PAGE 175 OF 311
(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 (Last, First, Middle Initial)

A. NOVA LIST COMPANY

Mailing Address 13755 SUNRISE VALLEY DR STE 450

City State Zip Code
 HERNDON VA 20171

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33576.63

Date of Receipt

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

Transaction ID : SA17.280883

Amount of Each Receipt this Period

7079.19

LRI-USUAL AND NORMAL

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

7079.19

7079.19

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

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. A3K ADVERTISING INC.

Mailing Address 1101 WAYLAND DR

City	State	Zip Code
ARLINGTON	TX	76012

Purpose of Disbursement

PAC ADVERTISING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.285000

Amount of Each Disbursement this Period

2150.00

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address THIRD STREET, SUITE 2B

City	State	Zip Code
BATON ROUGE	LA	70801

Purpose of Disbursement
PAC CC TRANSACTION FEES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.280850

Amount of Each Disbursement this Period

410.92

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address THIRD STREET, SUITE 2B

City	State	Zip Code
BATON ROUGE	LA	70801

Purpose of Disbursement
PAC CC TRANSACTION FEES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.280851

Amount of Each Disbursement this Period

174.48

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

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

2735.40

**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 177 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address THIRD STREET, SUITE 2B

City	State	Zip Code
BATON ROUGE	LA	70801

Purpose of Disbursement
PAC CC TRANSACTION FEES

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2014

Transaction ID : SB21B.280852

Amount of Each Disbursement this Period

79.97

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address THIRD STREET, SUITE 2B

City	State	Zip Code
BATON ROUGE	LA	70801

Purpose of Disbursement
PAC CC TRANSACTION FEES

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SB21B.280853

Amount of Each Disbursement this Period

151.42

Full Name (Last, First, Middle Initial)

C. AT&T INC.

Mailing Address 208 S AKARD ST

City	State	Zip Code
DALLAS	TX	75202

Purpose of Disbursement
PAC CELL PHONE

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

Transaction ID : SB21B.285019

Amount of Each Disbursement this Period

1255.13

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

1486.52

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

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. ATMOS ENERGY

Mailing Address PO BOX 790311

City	State	Zip Code
ST. LOUIS	MO	63179

Purpose of Disbursement
PAC UTILITIES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.284999

Amount of Each Disbursement this Period

Satisfaction Level	Percentage
Very satisfied	58.54
Not very satisfied	41.46

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 100 N TRYON ST

City	State	Zip Code
CHARLOTTE	NC	28202

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.284987

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	1.0%
25-34	1.0%
35-44	1.0%
45-54	1.0%
55-64	1.0%
65-74	1.0%
75-84	1.0%
85+	1.0%

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 100 N TRYON ST

City	State	Zip Code
CHARLOTTE	NC	28202

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.284989

Amount of Each Disbursement this Period

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

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

Category	Percentage
Students who did not pass the exam	78.54%

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

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. BANK OF AMERICA

Mailing Address 100 N TRYON ST

City	State	Zip Code
CHARLOTTE	NC	28202

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.285015

Amount of Each Disbursement this Period

B. BANK OF AMERICA

Mailing Address 100 N TRYON ST

City	State	Zip Code
CHARLOTTE	NC	28202

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.284997

Amount of Each Disbursement this Period

10.00

C. BANK OF AMERICA

Mailing Address 100 N TRYON ST

City	State	Zip Code
CHARLOTTE	NC	28202

Purpose of Disbursement	PAC BANK FEE
-------------------------	--------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.285003

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	2.5%
25-34	3.5%
35-44	4.5%
45-54	5.5%
55-64	6.5%
65-74	7.5%
75-84	8.5%
85+	9.5%

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

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

45.00

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

MADISON PROJECT INC.

A. BANK OF AMERICA

Date of Disbursement

Transaction ID : SB21B.285016

001

Amount of Each Disbursement this Period

Category/
Type

25.00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

B. BANK OF AMERICA

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.285396

001

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C. BANK OF AMERICA

Date of Disbursement

Transaction ID : SB21B.285022

001

Amount of Each Disbursement this Period

Category/
Type

25.00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

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

Age Group	Percentage
18-24	58.00
25-34	52.00
35-44	48.00
45-54	42.00
55-64	38.00
65-74	32.00
75-84	28.00
85+	12.00

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 181 OF 311

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC BANK FEES

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 21 2014
Transaction ID : SB21B.285391

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC BANK FEES

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 27 2014
Transaction ID : SB21B.285397

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 100 N TRYON ST

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC BANK FEES

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 29 2014
Transaction ID : SB21B.285398

Amount of Each Disbursement this Period

35.00

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

95.00

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

MADISON PROJECT INC.

A. BOWLING GREEN MUNICIPAL UTILITIES

00:

69.19

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. LARRY BROWN

MM / DD / YYYY

Mailing Address 8202 ADELLA

City	State	Zip Code
FLORENCE	KY	41042

Purpose of Disbursement	SEE BELOW
-------------------------	-----------

00

Transaction ID : SB21B.285006

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)

C. AT&T INC.

Date of Disbursement

M M / D D / Y Y Y Y
05 09 2014

Mailing Address 208 S AKARD ST

City	State	Zip Code
DALLAS	TX	75202

Purpose of Disbursement
PAC CELL PHONE

00-

Transaction ID : SB21B.285007

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

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

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

201.69

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

MADISON PROJECT INC.

A. COLORTREE OF VIRGINIA

Date of Disbursement

Transaction ID : SB21B.280859

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

1830.54

Full Name (Last, First, Middle Initial)

B. COLORTREE OF VIRGINIA

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.280876

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

2737.52

Full Name (Last, First, Middle Initial)

C. DONOR BUREAU

Date of Disbursement

05 / 08 / 2014

Transaction ID : SB21B.280860

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

447.57

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

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

5015.63

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

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. DONOR BUREAU

City	State	Zip Code
ARLINGTON	VA	22207

Transaction ID : SB21B.280877

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

592.38

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. DUKE ENERGY

MM / DD / YYYY

Mailing Address PO BOX 1326

City	State	Zip Code
CHARLOTTE	NC	28201

Transaction ID : SB21B.285013

Purpose of Disbursement
PAC UTILITIES

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

110.06

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. DUKE ENERGY

Mailing Address PO BOX 1326

City	State	Zip Code
CHARLOTTE	NC	28201

Transaction ID : SB21B.285014

Purpose of Disbursement	PAC UTILITIES
-------------------------	---------------

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

105.85

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

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

808.29

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

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

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. ELECTEK

Mailing Address PO BOX 23715

City	State	Zip Code
CHAGRIN FALLS	OH	44023

Purpose of Disbursement

PAC SOFTWARE

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.285008

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD STE 240

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement
PAC BANK FEES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.280866

Amount of Each Disbursement this Period

468.55

Full Name (Last, First, Middle Initial)

C. ELIZABETH HOLLY FRASER

Mailing Address 164 FIRST AVE.

City	State	Zip Code
CRANSTON	RI	02910

Purpose of Disbursement	SEE BELOW
-------------------------	-----------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
05 29 2014

Transaction ID : SB21B.285041

Amount of Each Disbursement this Period

1558.95

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

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

2627.50

**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 187 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. COUNTRY INN & SUITES

Mailing Address 759 PETERSBURG RD.

City
HEBRONState
KYZip Code
41048Purpose of Disbursement
PAC LODGING

001

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
05		29		2014

Transaction ID : SB21B.285042

Amount of Each Disbursement this Period

846.45

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GREAT HOMESCHOOL CONVENTION

Mailing Address 3116 W. MONTGOMERY RD. STE. C \$262

City
MAINEVILLEState
OHZip Code
45039Purpose of Disbursement
PAC EVENT TICKETS

001

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
05		29		2014

Transaction ID : SB21B.285043

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRONTLINE POLITICAL STRATEGY

Mailing Address 2416 VIA BOLOGNA #2321

City
FORT WORTHState
TXZip Code
76109Purpose of Disbursement
PAC MEDIA CONSULTING

001

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
05		02		2014

Transaction ID : SB21B.284998

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 188 OF 311

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FULFILLMENT HOUSE

Mailing Address 13860 REDSKIN DR

City
HERNDON

State
VA

Zip Code
20171

Purpose of Disbursement
PAC POSTAGE & DELIVERY

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 29 / 2014

Transaction ID : SB21B.280878

Amount of Each Disbursement this Period

1213.85

Full Name (Last, First, Middle Initial)

B. GLOBAL PAYMENTS INC

Mailing Address 10705 RED RUN BLVD

City
OWINGS MILLS

State
MD

Zip Code
21117

Purpose of Disbursement
PAC CC TRANSACTION FEES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

Transaction ID : SB21B.280867

Amount of Each Disbursement this Period

912.41

Full Name (Last, First, Middle Initial)

C. GOBER HILGERS PLLC

Mailing Address 2101 CEDAR SPRINGS RD STE 1050
SUITE 1050

City
DALLAS

State
TX

Zip Code
75201

Purpose of Disbursement
PAC LEGAL FEES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 09 / 2014

Transaction ID : SB21B.285004

Amount of Each Disbursement this Period

2000.00

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

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

4126.26

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

PAGE 189 OF 311

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. DANIEL HOROWITZ

Mailing Address 2711 SUMMERSON RD.

City
BALTIMOREState
MDZip Code
21209Purpose of Disbursement
SEE BELOW

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 01 2014
Transaction ID : SB21B.284991

Amount of Each Disbursement this Period

120.94

Full Name (Last, First, Middle Initial)

B. AT&T INC.

Mailing Address 208 S AKARD ST

City
DALLASState
TXZip Code
75202Purpose of Disbursement
PAC CELL PHONE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 01 2014
Transaction ID : SB21B.284992

Amount of Each Disbursement this Period

96.94

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DANIEL HOROWITZ

Mailing Address 2711 SUMMERSON RD.

City
BALTIMOREState
MDZip Code
21209Purpose of Disbursement
PAC SALARY

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 29 2014
Transaction ID : SB21B.285044

Amount of Each Disbursement this Period

4017.37

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

4138.31

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

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

FOR LINE NUMBER:
(check only one)

PAGE 191 OF 311

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. HSP DIRECT

Mailing Address 13755 SUNRISE DR
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
PAC POSTAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.280869

Amount of Each Disbursement this Period

5038.93

Full Name (Last, First, Middle Initial)

B. HSP DIRECT

Mailing Address 13755 SUNRISE DR
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
PAC POSTAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : SB21B.280872

Amount of Each Disbursement this Period

8884.98

Full Name (Last, First, Middle Initial)

C. HSP DIRECT

Mailing Address 13755 SUNRISE DR
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
PAC POSTAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : SB21B.280874

Amount of Each Disbursement this Period

1812.88

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

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

15736.79

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

PAGE 192 OF 311

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. HSP DIRECTMailing Address 13755 SUNRISE DR
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
PAC DIRECT MAIL CREATIVE FEES

001

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 29 2014**Transaction ID : SB21B.280879**

Amount of Each Disbursement this Period

2990.41

Full Name (Last, First, Middle Initial)

B. HSP DIRECTMailing Address 13755 SUNRISE DR
SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
PAC ADVERTISING

001

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 29 2014**Transaction ID : SB21B.285035**

Amount of Each Disbursement this Period

1680.00

Full Name (Last, First, Middle Initial)

C. IMAGE DIRECT

Mailing Address 4600 WEDGEWOOD BLVD UNIT N

City FREDERICK State MD Zip Code 21703

Purpose of Disbursement
PAC PRINTING & MAILING

001

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 01 2014**Transaction ID : SB21B.280856**

Amount of Each Disbursement this Period

1037.54

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

5707.95

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

MADISON PROJECT INC.

A. IMAGE DIRECT

Date of Disbursement

Transaction ID : SB21B.280868

001

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

5000.00

B. IMAGE DIRECT

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.280880

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

3754.46

C. INTEGRAM

Date of Disbursement

Transaction ID : SB21B.280873

001

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

22046.29

30800.75

**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 194 OF 311

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. STEVEN LAWRENCE

Mailing Address 7949 OLD DECATUR ROAD

City FORT WORTH State TX Zip Code 76179

Purpose of Disbursement
SEE BELOW

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 21 2014
Transaction ID : SB21B.285392

Amount of Each Disbursement this Period

180.50

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
PAC AIRFARE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 21 2014
Transaction ID : SB21B.285401

Amount of Each Disbursement this Period

180.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STEVEN LAWRENCE

Mailing Address 7949 OLD DECATUR ROAD

City FORT WORTH State TX Zip Code 76179

Purpose of Disbursement
PAC SALARY

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 29 2014
Transaction ID : SB21B.285045

Amount of Each Disbursement this Period

2386.44

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

2566.94

**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 195 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MDI IMAGING & MAIL

Mailing Address 21955 CASCADES PKWY

City
DULLESState
VAZip Code
20166Purpose of Disbursement
PAC POSTAGE & DELIVERY

001

Candidate Name

Category/
TypeOffice 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
05		08		2014

Transaction ID : SB21B.280862

Amount of Each Disbursement this Period

12147.97

Full Name (Last, First, Middle Initial)

B. ROY NICHOLSON

Mailing Address 17 SANDWAY DR.

City
BRANDONState
MSZip Code
39042Purpose of Disbursement
SEE BELOW

001

Candidate Name

Category/
TypeOffice 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
05		09		2014

Transaction ID : SB21B.285001

Amount of Each Disbursement this Period

782.35

Full Name (Last, First, Middle Initial)

C. AT&T INC.

Mailing Address 208 S AKARD ST

City
DALLASState
TXZip Code
75202Purpose of Disbursement
PAC CELL PHONE

001

Candidate Name

Category/
TypeOffice 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
05		09		2014

Transaction ID : SB21B.285002

Amount of Each Disbursement this Period

737.70

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12930.32

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

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. NOVA LIST COMPANY

Date of Disbursement

Transaction ID : SB21B.280863

00.

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	~15%
25-34	~25%
35-44	~35%
45-54	~45%
55-64	5200.55
65-74	~55%
75-84	~65%
85+	~75%

B. OWENSBORO MUNICIPAL UTILITIES

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.285005

00

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Age Group	Number of People
13-17	157.20
18-24	100.00
25-34	80.00
35-44	60.00
45-54	40.00
55-64	20.00
65-74	10.00
75-84	5.00
85+	2.00

C. PAYCHEX

Date of Disbursement

Transaction ID : SB21B.285049

00'

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

7453.39

12811.14

12811.14

**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 197 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. PAYCHEX

Mailing Address 911 PANORAMA TRAIL S.

City	State	Zip Code
ROCHESTER	NY	14625

Purpose of Disbursement
PAC PAYROLL EXPENSES

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Transaction ID : SB21B.285390

Amount of Each Disbursement this Period

167.09

Full Name (Last, First, Middle Initial)

B. PROFESSIONAL DATA SERVICES

Mailing Address 2470 DANIELS BRIDGE RD STE 121

City	State	Zip Code
ATHENS	GA	30606

Purpose of Disbursement
PAC COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

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

Transaction ID : SB21B.285009

Amount of Each Disbursement this Period

2502.40

Full Name (Last, First, Middle Initial)

C. JIM RYUN

Mailing Address 132 D ST SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
PAC SALARY

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : SB21B.285047

Amount of Each Disbursement this Period

5223.23

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

7892.72

**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 198 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. ANDREW RYUN

Mailing Address 155 DUDDINGTON PL SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
SEE BELOW

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
05		29		2014

Transaction ID : SB21B.285030

Amount of Each Disbursement this Period

1012.13

Full Name (Last, First, Middle Initial)

B. DELTA

Mailing Address 1030 DELTA BLVD

City
ATLANTAState
GAZip Code
30354Purpose of Disbursement
PAC AIRFARE

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
05		29		2014

Transaction ID : SB21B.285031

Amount of Each Disbursement this Period

415.99

[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 EMAIL SERVICES

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
05		29		2014

Transaction ID : SB21B.285032

Amount of Each Disbursement this Period

145.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1012.13

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

PAGE 199 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MEDIA TEMPLE

Mailing Address 8520 NATIONAL BLVD BLDG A

City	State	Zip Code
CULVER CITY	CA	90232

Purpose of Disbursement
PAC WEB HOSTING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : SB21B.285033

Amount of Each Disbursement this Period

120.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ANDREW RYUN

Mailing Address 155 DUDDINGTON PL SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
PAC MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : SB21B.285034

Amount of Each Disbursement this Period

108.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ANDREW RYUN

Mailing Address 155 DUDDINGTON PL SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
PAC SALARY

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : SB21B.285046

Amount of Each Disbursement this Period

5592.62

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

5592.62

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

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. KRISTOFFER L. SHAFER

Mailing Address 2420 VIA BOLOGNA
APT. 2428

City	State	Zip Code
FORT WORTH	TX	76109

Purpose of Disbursement	SEE BELOW
-------------------------	-----------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.284995

Amount of Each Disbursement this Period

408.74

B. FACEBOOK

Mailing Address 1 HACKER WAY

City	State	Zip Code
MANLO PARK	CA	94025

Purpose of Disbursement PAC ADVERTISING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.284996

Amount of Each Disbursement this Period

408.74

[MEMO ITEM]

C. KRISTOFFER L. SHAFER

Mailing Address 2420 VIA BOLOGNA
APT. 2428

City	State	Zip Code
FORT WORTH	TX	76109

Purpose of Disbursement	SEE BELOW
-------------------------	-----------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.285017

Amount of Each Disbursement this Period

180.50

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

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

589.24

**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 201 OF 311

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
PAC AIRFARE

001

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
05 19 2014
Transaction ID : SB21B.285018

Amount of Each Disbursement this Period

180.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. KRISTOFFER L. SHAFERMailing Address 2420 VIA BOLOGNA
APT. 2428

City FORT WORTH State TX Zip Code 76109

Purpose of Disbursement
SEE BELOW

001

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
05 27 2014
Transaction ID : SB21B.285023

Amount of Each Disbursement this Period

961.51

Full Name (Last, First, Middle Initial)

C. ENTERPRISE

Mailing Address 600 CORPORATE PARK DR

City SAINT LOUIS State MO Zip Code 63105

Purpose of Disbursement
PAC CAR RENTAL

001

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
05 27 2014
Transaction ID : SB21B.285024

Amount of Each Disbursement this Period

173.41

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

961.51

**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 202 OF 311

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Mailing Address 1 HACKER WAY

City MANLO PARK State CA Zip Code 94025

Purpose of Disbursement
PAC ADVERTISING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2014
Transaction ID : SB21B.285027

Amount of Each Disbursement this Period

750.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. KRISTOFFER L. SHAFERMailing Address 2420 VIA BOLOGNA
APT. 2428

City FORT WORTH State TX Zip Code 76109

Purpose of Disbursement
SEE BELOW

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014
Transaction ID : SB21B.285037

Amount of Each Disbursement this Period

1299.48

Full Name (Last, First, Middle Initial)

C. ENTERPRISE

Mailing Address 600 CORPORATE PARK DR

City SAINT LOUIS State MO Zip Code 63105

Purpose of Disbursement
PAC CAR RENTAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014
Transaction ID : SB21B.285038

Amount of Each Disbursement this Period

197.34

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1299.48

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

PAGE 203 OF 311

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. EXXON

Mailing Address 1788 E OHIO PIKE

City State Zip Code
AMELIA OH 45102
Purpose of Disbursement
PAC FUEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 29 2014
Transaction ID : SB21B.285039

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MARRIOTT

Mailing Address 7272 HUNTINGTON PARK DR

City State Zip Code
COLUMBUS OH 43235
Purpose of Disbursement
PAC LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 29 2014
Transaction ID : SB21B.285040

Amount of Each Disbursement this Period

902.14

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. KRISTOFFER L. SHAFERMailing Address 2420 VIA BOLOGNA
APT. 2428
City State Zip Code
FORT WORTH TX 76109
Purpose of Disbursement
PAC SALARY

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 29 2014
Transaction ID : SB21B.285048

Amount of Each Disbursement this Period

2619.58

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

2619.58

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

MADISON PROJECT INC.

A. SPOTWORKS RADIO PRODUCTION

Date of Disbursement

00:

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : SB21B.284994

Amount of Each Disbursement this Period

600.00

B. SPOTWORKS RADIO PRODUCTION

Date of Disbursement

MM / DD / YYYY

00

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : SB21B.285010

Amount of Each Disbursement this Period

300.00

C. ADAM STOCKFORD

Date of Disbursement

00-

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.284988

Amount of Each Disbursement this Period

615.00

1515.00

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

MADISON PROJECT INC.

A. SUNRISE DATA SERVICES

Mailing Address 13755 SUNRISE VALLEY DR STE 450

City	State	Zip Code
HERNDON	VA	20171

Purpose of Disbursement

PAC DATA SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

Transaction ID : SB21B.280857

Amount of Each Disbursement this Period

579.31

Full Name (Last, First, Middle Initial)

B. SUNRISE DATA SERVICES

Mailing Address 13755 SUNRISE VALLEY DR STE 450

City	State	Zip Code
HERNDON	VA	20171

Purpose of Disbursement PAC DATA SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.280864

Amount of Each Disbursement this Period

1293.88

Full Name (Last, First, Middle Initial)

C. SUNRISE DATA SERVICES

Mailing Address 13755 SUNRISE VALLEY DR STE 450

City	State	Zip Code
HERNDON	VA	20171

Purpose of Disbursement PAC DATA SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 29 2014

Transaction ID : SB21B.280881

Amount of Each Disbursement this Period

2638.76

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

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

4511.95

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

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. SURGE DATA TECHNOLOGIES

Date of Disbursement

Transaction ID : SB21B.285021

001

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

16500.00

B. SURGE DATA TECHNOLOGIES

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.285028

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

5750.00

C. TRI-STATE ENVELOPE

Date of Disbursement

Transaction ID : SB21B.280882

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

3127.53

25377.53

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

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. UNITED STATES POSTAL OFFICE

Date of Disbursement

Transaction ID : SB21B.280865

001

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

3000.00

B. UNITED STATES POSTAL OFFICE

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.280870

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

3500.00

C. UNITED STATES POSTAL OFFICE

Date of Disbursement

05 / 19 / 2014

Transaction ID : SB21B.280871

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

3000.00

9500.00

FEC Schedule B (Form 3X) Rev. 02/2003

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

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.

A. JOHN WIERENGA

Mailing Address 9000 CONIFER RDIGE DR. SW

City	State	Zip Code
BRYON CENTER	MI	49315

Purpose of Disbursement	PAC FIELD CONSULTING
-------------------------	----------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.284990

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

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

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

210.00

194061.49

**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 210 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285062

Amount of Each Disbursement this Period

2995.00

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY MARTIN HARRY ID# 126735

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285063

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY TERESA WASSON ID# 8067

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285064

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)..... ►

2995.00

--

**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 211 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY JENISE PEARSON ID# 126736

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285065

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY KENNETH PITTMAN ID# 126692

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285066

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY WILLIAM DOWELL ID# 2879

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285067

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

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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 212 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY KEITH MURGATROYD ID# 126737

001

Category/
Type

Candidate Name

BENJAMIN E SASSE

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285068

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY SANDY RODIE ID# 122421

001

Category/
Type

Candidate Name

BENJAMIN E SASSE

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285069

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY HILARY LAMOTHE ID# 126738

001

Category/
Type

Candidate Name

BENJAMIN E SASSE

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285070

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 214 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY JOHN HALLOWELL ID# 120189

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285074

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY WENDY KILHEFFER ID# 23762

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285075

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY SPENCER BRAND ID# 41280

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285076

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

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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 217 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY CHRIS BEEMER ID# 126741

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285083

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY MICHAEL NOTZON ID# 36355

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285084

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY JUDITH MCDONALD ID# 126742

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285085

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

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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 218 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY ELAINE VECHORIK ID# 126705

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285086

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY ALAIN FEBLES ID# 20384

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285087

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY THOMAS VILLAMANA ID# 28842

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285088

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

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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 220 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY JUDITH WEISS ID# 126745

Candidate Name

BENJAMIN E SASSE

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285092

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY GREG REID ID# 126746

Candidate Name

BENJAMIN E SASSE

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285093

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY RICHARD GASSER ID# 36330

Candidate Name

BENJAMIN E SASSE

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285094

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

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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 221 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY DAVID GELL ID# 26386

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285095

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY CAROL CALAMAIO ID# 124608

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285096

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY JEFFREY PURYEAR ID# 28063

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285097

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

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

MADISON PROJECT INC.

A. BEN SASSE FOR US SENATE INC

Date of Disbursement

05 / 07 / 2014

Transaction ID : SB23.285110

00:

Amount of Each Disbursement this Period

Category/
Type

150.00

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC

Date of Disbursement

Mailing Address 105 EAST 6TH STREET

City	State	Zip Code
FREMONT	NE	68025

Transaction ID : SB23.285111

Purpose of Disbursement
EARMARKED BY JOHN KEISLING ID# 122185

00

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

50.00

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

[MEMO ITEM]

State: NE District: 00

Full Name (Last, First, Middle Initial)

C. BEN SASSE FOR US SENATE INC

Date of Disbursement

Mailing Address 105 EAST 6TH STREET

City	State	Zip Code
FREMONT	NE	68025

Transaction ID : SB23.285112

Purpose of Disbursement
EARMARKED BY JO ANN BAUGHMAN ID# 3376

00'

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

45.00

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

[MEMO ITEM]

State: NE District: 00

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

0.00

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

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

PAGE 227 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City	State	Zip Code
FREMONT	NE	68025

Purpose of Disbursement
EARMARKED BY MATT CIESLEWICZ ID# 113583

Candidate Name

BENJAMIN E SASSEOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285113

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City	State	Zip Code
FREMONT	NE	68025

Purpose of Disbursement
EARMARKED BY WILLIAM PORTER ID# 1028

Candidate Name

BENJAMIN E SASSEOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285114

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City	State	Zip Code
FREMONT	NE	68025

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

Candidate Name

BENJAMIN E SASSEOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Date of Disbursement

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

Transaction ID : SB23.285170

Amount of Each Disbursement this Period

870.14

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

870.14

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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 230 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY AJ SOUTHARD ID# 26366

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285177

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY STEVE WISE ID# 23981

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285178

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY ELWOOD GROVES ID# 126730

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

Transaction ID : SB23.285179

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

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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 231 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY NORMA OWENS ID# 126731

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

Transaction ID : SB23.285180

Amount of Each Disbursement this Period

20.14

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY MARGARET HUDAK ID# 126733

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2014

Transaction ID : SB23.285184

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY WADE BENNETT ID# 126701

001

Candidate Name

BENJAMIN E SASSECategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2014

Transaction ID : SB23.285181

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

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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 232 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY NORBERT DENGLER ID# 34332

001

Category/
Type

Candidate Name

BENJAMIN E SASSE

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2014

Transaction ID : SB23.285182

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY SUSAN TAYLOR ID# 126732

001

Category/
Type

Candidate Name

BENJAMIN E SASSE

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2014

Transaction ID : SB23.285183

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY JONATHAN ORR ID# 126678

001

Category/
Type

Candidate Name

BENJAMIN E SASSE

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2014

Transaction ID : SB23.285185

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

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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 233 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY JOAN SCHMIDT ID# 100558

Candidate Name

BENJAMIN E SASSE

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		10		2014

Transaction ID : SB23.285186

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
TRANSMITTAL OF EARMARKS

Candidate Name

BENJAMIN E SASSE

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285252

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. BEN SASSE FOR US SENATE INC

Mailing Address 105 EAST 6TH STREET

City
FREMONTState
NEZip Code
68025Purpose of Disbursement
EARMARKED BY SCOTT BUELING ID# 113596

Candidate Name

BENJAMIN E SASSE

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 00

Date of Disbursement

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

Transaction ID : SB23.285255

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)..... ►

25.00

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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 235 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BIRMAN FOR CONGRESS

Mailing Address PO BOX 647

City
FOLSOMState
CAZip Code
95763Purpose of Disbursement
EARMARKED BY KATHERINE YUELL ID# 126696

001

Candidate Name

IGOR A BIRMANCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285131

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BIRMAN FOR CONGRESS

Mailing Address PO BOX 647

City
FOLSOMState
CAZip Code
95763Purpose of Disbursement
EARMARKED BY STEPHANIE VICKERY ID# 35279

001

Candidate Name

IGOR A BIRMANCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285132

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BIRMAN FOR CONGRESS

Mailing Address PO BOX 647

City
FOLSOMState
CAZip Code
95763Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001

Candidate Name

IGOR A BIRMANCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

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

Transaction ID : SB23.285211

Amount of Each Disbursement this Period

200.00

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

200.00

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

PAGE 236 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BIRMAN FOR CONGRESS

Mailing Address PO BOX 647

City
FOLSOMState
CAZip Code
95763Purpose of Disbursement
EARMARKED BY JEFFREY BONZON ID# 126697

001

Candidate Name

IGOR A BIRMANCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

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

Transaction ID : SB23.285212

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BIRMAN FOR CONGRESS

Mailing Address PO BOX 647

City
FOLSOMState
CAZip Code
95763Purpose of Disbursement
EARMARKED BY STEVE WISE ID# 23981

001

Candidate Name

IGOR A BIRMANCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

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

Transaction ID : SB23.285213

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BIRMAN FOR CONGRESS

Mailing Address PO BOX 647

City
FOLSOMState
CAZip Code
95763Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001

Candidate Name

IGOR A BIRMANCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285282

Amount of Each Disbursement this Period

100.00

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

100.00

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

PAGE 238 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BIRMAN FOR CONGRESS

Mailing Address PO BOX 647

City
FOLSOMState
CAZip Code
95763Purpose of Disbursement
EARMARKED BY JOSEPH PINTANDE ID# 30919

Candidate Name

IGOR A BIRMANOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : SB23.285345

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BIRMAN FOR CONGRESS

Mailing Address PO BOX 647

City
FOLSOMState
CAZip Code
95763Purpose of Disbursement
EARMARKED BY ROGER SLKAGOWSKI ID# 126698

Candidate Name

IGOR A BIRMANOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : SB23.285346

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BRYAN SMITH FOR CONGRESS INC

Mailing Address PO BOX 52291

City
IDAHO FALLSState
IDZip Code
83405Purpose of Disbursement
TRANSMITTAL OF EARMARKS

Candidate Name

BRYAN SMITHOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285126

Amount of Each Disbursement this Period

35.00

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

35.00

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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 239 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BRYAN SMITH FOR CONGRESS INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Mailing Address PO BOX 52291

City	State	Zip Code
IDAHO FALLS	ID	83405

Purpose of Disbursement
EARMARKED BY WILLIAM DOWELL ID# 2879

001

Transaction ID : SB23.285127

Amount of Each Disbursement this Period

35.00

Candidate Name

BRYAN SMITHCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 02

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BRYAN SMITH FOR CONGRESS INC

Date of Disbursement

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

Mailing Address PO BOX 52291

City	State	Zip Code
IDAHO FALLS	ID	83405

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001

Transaction ID : SB23.285202

Amount of Each Disbursement this Period

145.00

Candidate Name

BRYAN SMITHCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 02

Full Name (Last, First, Middle Initial)

C. BRYAN SMITH FOR CONGRESS INC

Date of Disbursement

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

Mailing Address PO BOX 52291

City	State	Zip Code
IDAHO FALLS	ID	83405

Purpose of Disbursement
EARMARKED BY STEVE WISE ID# 23981

001

Transaction ID : SB23.285203

Amount of Each Disbursement this Period

100.00

Candidate Name

BRYAN SMITHCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 02

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

145.00

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

PAGE 240 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BRYAN SMITH FOR CONGRESS INC

Date of Disbursement

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

Mailing Address PO BOX 52291

City	State	Zip Code
IDAHO FALLS	ID	83405

Purpose of Disbursement
EARMARKED BY MERLE CROCKETT ID# 24521

001

Transaction ID : SB23.285204

Amount of Each Disbursement this Period

20.00

Candidate Name

BRYAN SMITHCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 02

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BRYAN SMITH FOR CONGRESS INC

Date of Disbursement

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

Mailing Address PO BOX 52291

City	State	Zip Code
IDAHO FALLS	ID	83405

Purpose of Disbursement
EARMARKED BY MARY NIELSEN ID# 126709

001

Transaction ID : SB23.285205

Amount of Each Disbursement this Period

25.00

Candidate Name

BRYAN SMITHCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 02

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BRYAN SMITH FOR CONGRESS INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Mailing Address PO BOX 52291

City	State	Zip Code
IDAHO FALLS	ID	83405

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001

Transaction ID : SB23.285257

Amount of Each Disbursement this Period

50.00

Candidate Name

BRYAN SMITHCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 02

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

50.00

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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 241 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. BRYAN SMITH FOR CONGRESS INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Mailing Address PO BOX 52291

City	State	Zip Code
IDAHO FALLS	ID	83405

Purpose of Disbursement
EARMARKED BY KEITH TODD ID# 126689

001

Transaction ID : SB23.285259

Amount of Each Disbursement this Period

50.00

Candidate Name

BRYAN SMITHCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 02

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DR CHAD MATHIS FOR CONGRESS

Date of Disbursement

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

Mailing Address 2960 PELHAM PKWY
PO BOX 1641

City	State	Zip Code
PELHAM	AL	35124

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001

Transaction ID : SB23.285206

Amount of Each Disbursement this Period

100.00

Candidate Name

DR. CHAD MATHISCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 06

Full Name (Last, First, Middle Initial)

C. DR CHAD MATHIS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Mailing Address 2960 PELHAM PKWY
PO BOX 1641

City	State	Zip Code
PELHAM	AL	35124

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001

Transaction ID : SB23.285261

Amount of Each Disbursement this Period

100.00

Candidate Name

DR. CHAD MATHISCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 06

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

200.00

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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 242 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. DR CHAD MATHIS FOR CONGRESSMailing Address 2960 PELHAM PKWY
PO BOX 1641

City PELHAM State AL Zip Code 35124

Purpose of Disbursement
EARMARKED BY KEITH TODD ID# 126689

Candidate Name

DR. CHAD MATHISOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285264

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DR CHAD MATHIS FOR CONGRESSMailing Address 2960 PELHAM PKWY
PO BOX 1641

City PELHAM State AL Zip Code 35124

Purpose of Disbursement
EARMARKED BY JOHN HARTSOCH ID# 126690

Candidate Name

DR. CHAD MATHISOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285265

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRIENDS OF BOB JOHNSON

Mailing Address PO BOX 16401

City SAVANNAH State GA Zip Code 31416

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

Candidate Name

ROBERT EUGENE JOHNSON MDOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 01

Date of Disbursement

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

Transaction ID : SB23.285209

Amount of Each Disbursement this Period

100.00

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

100.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

MADISON PROJECT INC.

A. FRIENDS OF BOB JOHNSON

05 / 14 / 2014

001

100.00

ROBERT EUGENE JOHNSON MD

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

[MEMO ITEM]

B. FRIENDS OF BOB JOHNSON

MM / DD / YYYY

001

430.00

ROBERT EUGENE JOHNSON MD

Category/
Type

Disbursement For: 2014

☐ Primary ☐ General

☒ Other (specify) ▼

State: GA District: 01

C. FRIENDS OF BOB JOHNSON

001

Amount of Each Disbursement this Period

50.00

ROBERT EUGENE JOHNSON MD

Category/
Type

Disbursement For: 2014

☐ Primary ☐ General

☒ Other (specify) ▼

[MEMO ITEM]

State: GA District: 01

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

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

430.00

**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 244 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FRIENDS OF BOB JOHNSON

Mailing Address PO BOX 16401

City
SAVANNAHState
GAZip Code
31416Purpose of Disbursement
EARMARKED BY JOSEPH PINTANDE ID# 30919

Candidate Name

ROBERT EUGENE JOHNSON MDOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
RUNOFF

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285276

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRIENDS OF BOB JOHNSON

Mailing Address PO BOX 16401

City
SAVANNAHState
GAZip Code
31416Purpose of Disbursement
EARMARKED BY KEITH TODD ID# 126689

Candidate Name

ROBERT EUGENE JOHNSON MDOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
RUNOFF

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285277

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRIENDS OF BOB JOHNSON

Mailing Address PO BOX 16401

City
SAVANNAHState
GAZip Code
31416Purpose of Disbursement
EARMARKED BY WILLIAM DOWELL ID# 2879

Candidate Name

ROBERT EUGENE JOHNSON MDOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
RUNOFF

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285278

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

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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 245 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FRIENDS OF BOB JOHNSON

Mailing Address PO BOX 16401

City	State	Zip Code
SAVANNAH	GA	31416

Purpose of Disbursement
EARMARKED BY JOHN HARTSOCH ID# 126690

Candidate Name

ROBERT EUGENE JOHNSON MDOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
RUNOFF

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285279

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRIENDS OF BOB JOHNSON

Mailing Address PO BOX 16401

City	State	Zip Code
SAVANNAH	GA	31416

Purpose of Disbursement
EARMARKED BY ROSE BEDDINGFIELD ID# 126691

Candidate Name

ROBERT EUGENE JOHNSON MDOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
RUNOFF

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285280

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRIENDS OF BOB JOHNSON

Mailing Address PO BOX 16401

City	State	Zip Code
SAVANNAH	GA	31416

Purpose of Disbursement
EARMARKED BY MARY BUERGER ID# 3215

Candidate Name

ROBERT EUGENE JOHNSON MDOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
RUNOFF

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285281

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)..... ▶

0.00

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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 246 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FRIENDS OF BOB JOHNSON

Mailing Address PO BOX 16401

City	State	Zip Code
SAVANNAH	GA	31416

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

Candidate Name

ROBERT EUGENE JOHNSON MDOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: GA District: 01

RUNOFF

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : SB23.285340

Amount of Each Disbursement this Period

165.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF BOB JOHNSON

Mailing Address PO BOX 16401

City	State	Zip Code
SAVANNAH	GA	31416

Purpose of Disbursement
EARMARKED BY WILLIAM DOWELL ID# 2879

Candidate Name

ROBERT EUGENE JOHNSON MDOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: GA District: 01

RUNOFF

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : SB23.285341

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRIENDS OF BOB JOHNSON

Mailing Address PO BOX 16401

City	State	Zip Code
SAVANNAH	GA	31416

Purpose of Disbursement
EARMARKED BY BETTY BASSETT ID# 114619

Candidate Name

ROBERT EUGENE JOHNSON MDOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: GA District: 01

RUNOFF

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : SB23.285342

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)..... ►

165.00

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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 247 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FRIENDS OF BOB JOHNSON

Mailing Address PO BOX 16401

City
SAVANNAHState
GAZip Code
31416Purpose of Disbursement
EARMARKED BY KEITH TODD ID# 126689

Candidate Name

ROBERT EUGENE JOHNSON MDOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
RUNOFF

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : SB23.285343

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MCDANIEL

Mailing Address PO BOX 125

City
LAURELState
MSZip Code
39441Purpose of Disbursement
TRANSMITTAL OF EARMARKS

Candidate Name

CHRISTOPHER BRIAN MCDANIELOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285128

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS MCDANIEL

Mailing Address PO BOX 125

City
LAURELState
MSZip Code
39441Purpose of Disbursement
EARMARKED BY ELAINE VECHORIK ID# 126705

Candidate Name

CHRISTOPHER BRIAN MCDANIELOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285129

Amount of Each Disbursement this Period

5000.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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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 248 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

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

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Transaction ID : SB23.285207Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001

Amount of Each Disbursement this Period

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
Type

200.00

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

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

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Transaction ID : SB23.285208Purpose of Disbursement
EARMARKED BY STEVE WISE ID# 23981

001

Amount of Each Disbursement this Period

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
Type

200.00

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Transaction ID : SB23.285268Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001

Amount of Each Disbursement this Period

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
Type

150.00

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

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

350.00

**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 249 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MCDANIEL

Mailing Address PO BOX 125

City
LAURELState
MSZip Code
39441Purpose of Disbursement
EARMARKED BY SHERRY GLOVER ID# 126699

001

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: MS

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285270

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MCDANIEL

Mailing Address PO BOX 125

City
LAURELState
MSZip Code
39441Purpose of Disbursement
EARMARKED BY KEITH TODD ID# 126689

001

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: MS

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285271

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS MCDANIEL

Mailing Address PO BOX 125

City
LAURELState
MSZip Code
39441Purpose of Disbursement
EARMARKED BY JOHN MCKINNIS ID# 36334

001

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: MS

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285272

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

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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 250 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Transaction ID : SB23.285308

Amount of Each Disbursement this Period

1585.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Purpose of Disbursement
EARMARKED BY WALT BARNA ID# 104618

001

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Transaction ID : SB23.285309

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Purpose of Disbursement
EARMARKED BY MARINA ROZENBERG ID# 126700

001

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Transaction ID : SB23.285310

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)..... ►

1585.00

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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 251 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Purpose of Disbursement
EARMARKED BY ROBERT TURNER ID# 110083

001

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Transaction ID : SB23.285311

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Purpose of Disbursement
EARMARKED BY PATRICIA JASPER ID# 36354

001

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Transaction ID : SB23.285312

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Purpose of Disbursement
EARMARKED BY LINDA BARTEN ID# 113559

001

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Transaction ID : SB23.285313

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)..... ►

0.00

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

PAGE 252 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MCDANIEL

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Purpose of Disbursement
EARMARKED BY THEODORE HANSCHKE ID# 32100

Candidate Name

CHRISTOPHER BRIAN MCDANIEL

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Transaction ID : SB23.285314

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MCDANIEL

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Purpose of Disbursement
EARMARKED BY BARRY SCHLECH ID# 28070

Candidate Name

CHRISTOPHER BRIAN MCDANIEL

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Transaction ID : SB23.285315

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS MCDANIEL

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Purpose of Disbursement
EARMARKED BY JOHN MCKINNIS ID# 36334

Candidate Name

CHRISTOPHER BRIAN MCDANIEL

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Transaction ID : SB23.285316

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

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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 253 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Purpose of Disbursement
EARMARKED BY JOHN LOEHLEIN ID# 24471

001

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Transaction ID : SB23.285317

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Purpose of Disbursement
EARMARKED BY JOHN GINTER ID# 30586

001

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Transaction ID : SB23.285318

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Purpose of Disbursement
EARMARKED BY CORWIN IGOU ID# 113656

001

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Transaction ID : SB23.285319

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

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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 254 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Transaction ID : SB23.285320Purpose of Disbursement
EARMARKED BY PAUL SETTER ID# 21688

001

Amount of Each Disbursement this Period

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: MS

District: 00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Transaction ID : SB23.285321Purpose of Disbursement
EARMARKED BY WADE BENNETT ID# 126701

001

Amount of Each Disbursement this Period

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: MS

District: 00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Transaction ID : SB23.285322Purpose of Disbursement
EARMARKED BY SAMMY MCLAURIN ID# 126702

001

Amount of Each Disbursement this Period

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: MS

District: 00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

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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 255 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MCDANIEL

Mailing Address PO BOX 125

City LAUREL	State MS	Zip Code 39441
----------------	-------------	-------------------

Purpose of Disbursement
EARMARKED BY MARJORIE OSBORN ID# 12592

Candidate Name

CHRISTOPHER BRIAN MCDANIELOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : SB23.285323

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MCDANIEL

Mailing Address PO BOX 125

City LAUREL	State MS	Zip Code 39441
----------------	-------------	-------------------

Purpose of Disbursement
EARMARKED BY KEITH MURGATROYD ID# 110072

Candidate Name

CHRISTOPHER BRIAN MCDANIELOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : SB23.285324

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS MCDANIEL

Mailing Address PO BOX 125

City LAUREL	State MS	Zip Code 39441
----------------	-------------	-------------------

Purpose of Disbursement
EARMARKED BY DAVID DICK ID# 38647

Candidate Name

CHRISTOPHER BRIAN MCDANIELOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : SB23.285325

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

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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 256 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Transaction ID : SB23.285326Purpose of Disbursement
EARMARKED BY BETTY BASSETT ID# 114619

001

Amount of Each Disbursement this Period

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Transaction ID : SB23.285327Purpose of Disbursement
EARMARKED BY JOHN ARMANINI ID# 126703

001

Amount of Each Disbursement this Period

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Transaction ID : SB23.285328Purpose of Disbursement
EARMARKED BY THEODORE HUNTER ID# 32241

001

Amount of Each Disbursement this Period

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 257 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Purpose of Disbursement
EARMARKED BY AJ SOUTHARD ID# 26366

001

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Transaction ID : SB23.285329

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Purpose of Disbursement
EARMARKED BY JOHN KEISLING ID# 122185

001

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Transaction ID : SB23.285330

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Purpose of Disbursement
EARMARKED BY LINDA ONDRIEZEK ID# 41034

001

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Transaction ID : SB23.285331

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

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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 258 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MCDANIEL

Mailing Address PO BOX 125

City
LAURELState
MSZip Code
39441

Purpose of Disbursement

EARMARKED BY STEPHANIE VICKERY ID# 35279

001

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: MS

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : SB23.285332

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHRIS MCDANIEL

Mailing Address PO BOX 125

City
LAURELState
MSZip Code
39441

Purpose of Disbursement

EARMARKED BY BETTY BASSETT ID# 114619

001

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: MS

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : SB23.285333

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRIENDS OF COLONEL ROB MANESS

Mailing Address PO BOX 25

City
MADISONVILLEState
LAZip Code
70447

Purpose of Disbursement

TRANSMITTAL OF EARMARKS

001

Candidate Name

COLONEL ROBERT L MANESSCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: LA

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285148

Amount of Each Disbursement this Period

230.00

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

230.00

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

PAGE 259 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FRIENDS OF COLONEL ROB MANESS

Mailing Address PO BOX 25

City MADISONVILLE	State LA	Zip Code 70447
----------------------	-------------	-------------------

Purpose of Disbursement
EARMARKED BY STEVE WISE ID# 23981

Candidate Name

COLONEL ROBERT L MANESS

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285149

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRIENDS OF COLONEL ROB MANESS

Mailing Address PO BOX 25

City MADISONVILLE	State LA	Zip Code 70447
----------------------	-------------	-------------------

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

Candidate Name

COLONEL ROBERT L MANESS

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 00

Date of Disbursement

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

Transaction ID : SB23.285227

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF COLONEL ROB MANESS

Mailing Address PO BOX 25

City MADISONVILLE	State LA	Zip Code 70447
----------------------	-------------	-------------------

Purpose of Disbursement
EARMARKED BY STEVE WISE ID# 23981

Candidate Name

COLONEL ROBERT L MANESS

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 00

Date of Disbursement

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

Transaction ID : SB23.285228

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

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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 260 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FRIENDS OF COLONEL ROB MANESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Mailing Address PO BOX 25

City	State	Zip Code
MADISONVILLE	LA	70447

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001

Transaction ID : SB23.285399

Amount of Each Disbursement this Period

100.00

Candidate Name

COLONEL ROBERT L MANESSCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: LA

District: 00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF COLONEL ROB MANESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Mailing Address PO BOX 25

City	State	Zip Code
MADISONVILLE	LA	70447

Purpose of Disbursement
EARMARKED BY KEITH TODD ID# 126689

001

Transaction ID : SB23.285400

Amount of Each Disbursement this Period

100.00

Candidate Name

COLONEL ROBERT L MANESSCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: LA

District: 00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF COLONEL ROB MANESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Mailing Address PO BOX 25

City	State	Zip Code
MADISONVILLE	LA	70447

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001

Transaction ID : SB23.285360

Amount of Each Disbursement this Period

35.00

Candidate Name

COLONEL ROBERT L MANESSCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: LA

District: 00

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

135.00

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

PAGE 261 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. FRIENDS OF COLONEL ROB MANESS

Mailing Address PO BOX 25

City	State	Zip Code
MADISONVILLE	LA	70447

Purpose of Disbursement
EARMARKED BY STEPHANIE VICKERY ID# 35279

Candidate Name

COLONEL ROBERT L MANESS

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State: LA District: 00	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : SB23.285361

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRIENDS OF COLONEL ROB MANESS

Mailing Address PO BOX 25

City	State	Zip Code
MADISONVILLE	LA	70447

Purpose of Disbursement
EARMARKED BY BETTY BASSETT ID# 114619

Candidate Name

COLONEL ROBERT L MANESS

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State: LA District: 00	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : SB23.285362

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. LOUDERMILK FOR CONGRESS

Mailing Address PO BOX 447

City	State	Zip Code
CASSVILLE	GA	30123

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

Candidate Name

BARRY LOUDERMILK

Office Sought:	Disbursement For: 2014
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State: GA District: 11	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285060

Amount of Each Disbursement this Period

35.00

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

35.00

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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 262 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. LOUDERMILK FOR CONGRESS

Mailing Address PO BOX 447

City	State	Zip Code
CASSVILLE	GA	30123

Purpose of Disbursement
EARMARKED BY WILLIAM DOWELL ID# 2879

Candidate Name

BARRY LOUDERMILKOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285061

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. LOUDERMILK FOR CONGRESS

Mailing Address PO BOX 447

City	State	Zip Code
CASSVILLE	GA	30123

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

Candidate Name

BARRY LOUDERMILKOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Date of Disbursement

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

Transaction ID : SB23.285168

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. LOUDERMILK FOR CONGRESS

Mailing Address PO BOX 447

City	State	Zip Code
CASSVILLE	GA	30123

Purpose of Disbursement
EARMARKED BY STEVE WISE ID# 23981

Candidate Name

BARRY LOUDERMILKOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Date of Disbursement

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

Transaction ID : SB23.285169

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)..... ►

100.00

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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 263 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. LOUDERMILK FOR CONGRESS

Mailing Address PO BOX 447

City	State	Zip Code
CASSVILLE	GA	30123

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

Candidate Name

BARRY LOUDERMILKOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285249

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. LOUDERMILK FOR CONGRESS

Mailing Address PO BOX 447

City	State	Zip Code
CASSVILLE	GA	30123

Purpose of Disbursement
EARMARKED BY KEITH TODD ID# 126689

Candidate Name

BARRY LOUDERMILKOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

Transaction ID : SB23.285251

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. LOUDERMILK FOR CONGRESS

Mailing Address PO BOX 447

City	State	Zip Code
CASSVILLE	GA	30123

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

Candidate Name

BARRY LOUDERMILKOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: GA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : SB23.285301

Amount of Each Disbursement this Period

150.00

200.00

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

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

PAGE 264 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. LOUDERMILK FOR CONGRESS

Mailing Address PO BOX 447

City	State	Zip Code
CASSVILLE	GA	30123

Purpose of Disbursement
EARMARKED BY WILLIAM DOWELL ID# 2879

Candidate Name

BARRY LOUDERMILKOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
RUNOFF

State: GA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285303

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. LOUDERMILK FOR CONGRESS

Mailing Address PO BOX 447

City	State	Zip Code
CASSVILLE	GA	30123

Purpose of Disbursement
EARMARKED BY KEITH TODD ID# 126689

Candidate Name

BARRY LOUDERMILKOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
RUNOFF

State: GA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2014

Transaction ID : SB23.285304

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MATT BEVIN FOR SENATE INCMailing Address PO BOX 6675
11902 BRINLEY AVE

City	State	Zip Code
LOUISVILLE	KY	40206

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

Candidate Name

MATTHEW GRISWOLD BEVINOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285136

Amount of Each Disbursement this Period

310.00

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

310.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

MADISON PROJECT INC.

A. MATT BEVIN FOR SENATE INC

00:

MATTHEW GRISWOLD BEVIN

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Transaction ID : SB23.285137

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

B. MATT BEVIN FOR SENATE INC

00

MATTHEW GRISWOLD BEVIN

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB23.285138

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

C. MATT BEVIN FOR SENATE INC

00'

MATTHEW GRISWOLD BEVIN

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB23.285139

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 267 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MATT BEVIN FOR SENATE INC

Date of Disbursement

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

Mailing Address PO BOX 6675

11902 BRINLEY AVE

City

LOUISVILLE

State

KY

Zip Code

40206

Purpose of Disbursement

TRANSMITTAL OF EARMARKS

001

Candidate Name

MATTHEW GRISWOLD BEVINCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: KY

District: 00

Transaction ID : SB23.285217

Amount of Each Disbursement this Period

260.00

Full Name (Last, First, Middle Initial)

B. MATT BEVIN FOR SENATE INC

Date of Disbursement

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

Mailing Address PO BOX 6675

11902 BRINLEY AVE

City

LOUISVILLE

State

KY

Zip Code

40206

Purpose of Disbursement

EARMARKED BY RETA PYETT ID# 126695

001

Candidate Name

MATTHEW GRISWOLD BEVINCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: KY

District: 00

Transaction ID : SB23.285218

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MATT BEVIN FOR SENATE INC

Date of Disbursement

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

Mailing Address PO BOX 6675

11902 BRINLEY AVE

City

LOUISVILLE

State

KY

Zip Code

40206

Purpose of Disbursement

EARMARKED BY STEVE WISE ID# 23981

001

Candidate Name

MATTHEW GRISWOLD BEVINCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: KY

District: 00

Transaction ID : SB23.285219

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)..... ►

260.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

MADISON PROJECT INC.

A. MATT BEVIN FOR SENATE INC

05 / 14 / 2014

00:

35.00

☒ Primary ☐ General
☐ Other (specify) ▼

[MEMO ITEM]

B. MATT BEVIN FOR SENATE INC

MM / DD / YYYY

00

140.00

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

C. MATT BEVIN FOR SENATE INC

05 / 21 / 2014

00-

Transaction ID : SB23.285290

Amount of Each Disbursement this Period

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 00

140.00

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

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

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

MADISON PROJECT INC.

A. MATT BEVIN FOR SENATE INC

MATTHEW GRISWOLD BEVIN

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

05 / 21 / 2014

Transaction ID : SB23.285291

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

B. MATT BEVIN FOR SENATE INC

MATTHEW GRISWOLD BEVIN

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB23.285292

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

C. MATT BEVIN FOR SENATE INC

MATTHEW GRISWOLD BEVIN

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

05 / 28 / 2014

Transaction ID : SB23.285356

Amount of Each Disbursement this Period

15.00

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

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

15.00

**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 271 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MILTON WOLF FOR US SENATE

Mailing Address PO BOX 7464

City OVERLAND PARK	State KS	Zip Code 66207
-----------------------	-------------	-------------------

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001

Candidate Name

MILTON WOLFCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 00

Date of Disbursement

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

Transaction ID : SB23.285221

Amount of Each Disbursement this Period

220.00

Full Name (Last, First, Middle Initial)

B. MILTON WOLF FOR US SENATE

Mailing Address PO BOX 7464

City OVERLAND PARK	State KS	Zip Code 66207
-----------------------	-------------	-------------------

Purpose of Disbursement
EARMARKED BY STEVE WISE ID# 23981

001

Candidate Name

MILTON WOLFCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 00

Date of Disbursement

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

Transaction ID : SB23.285222

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MILTON WOLF FOR US SENATE

Mailing Address PO BOX 7464

City OVERLAND PARK	State KS	Zip Code 66207
-----------------------	-------------	-------------------

Purpose of Disbursement
EARMARKED BY DAVID FITZWILLIAM ID# 15452

001

Candidate Name

MILTON WOLFCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 00

Date of Disbursement

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

Transaction ID : SB23.285223

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)..... ►

220.00

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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 272 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MILTON WOLF FOR US SENATE

Mailing Address PO BOX 7464

City OVERLAND PARK	State KS	Zip Code 66207
-----------------------	-------------	-------------------

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001

Candidate Name

MILTON WOLFCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285293

Amount of Each Disbursement this Period

125.00

Full Name (Last, First, Middle Initial)

B. MILTON WOLF FOR US SENATE

Mailing Address PO BOX 7464

City OVERLAND PARK	State KS	Zip Code 66207
-----------------------	-------------	-------------------

Purpose of Disbursement
EARMARKED BY BETTY BASSETT ID# 114619

001

Candidate Name

MILTON WOLFCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285294

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MILTON WOLF FOR US SENATE

Mailing Address PO BOX 7464

City OVERLAND PARK	State KS	Zip Code 66207
-----------------------	-------------	-------------------

Purpose of Disbursement
EARMARKED BY KEITH TODD ID# 126689

001

Candidate Name

MILTON WOLFCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285295

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)..... ►

125.00

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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 273 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MILTON WOLF FOR US SENATE

Mailing Address PO BOX 7464

City OVERLAND PARK	State KS	Zip Code 66207
-----------------------	-------------	-------------------

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001

Candidate Name

MILTON WOLFCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Transaction ID : SB23.285358

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. MILTON WOLF FOR US SENATE

Mailing Address PO BOX 7464

City OVERLAND PARK	State KS	Zip Code 66207
-----------------------	-------------	-------------------

Purpose of Disbursement
EARMARKED BY BETTY BASSETT ID# 114619

001

Candidate Name

MILTON WOLFCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Transaction ID : SB23.285359

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MOONEY FOR CONGRESS

Mailing Address 151 CAMELOT BLVD

City FALLING WATERS	State WV	Zip Code 25419
------------------------	-------------	-------------------

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001

Candidate Name

ALEXANDER XAVIER MOONEYCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285050

Amount of Each Disbursement this Period

109.00

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

124.00

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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 274 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MOONEY FOR CONGRESS

Mailing Address 151 CAMELOT BLVD

City FALLING WATERS	State WV	Zip Code 25419
------------------------	-------------	-------------------

Purpose of Disbursement
EARMARKED BY JOHN SULLIVAN ID# 110121

Candidate Name

ALEXANDER XAVIER MOONEYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285051

Amount of Each Disbursement this Period

14.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MOONEY FOR CONGRESS

Mailing Address 151 CAMELOT BLVD

City FALLING WATERS	State WV	Zip Code 25419
------------------------	-------------	-------------------

Purpose of Disbursement
EARMARKED BY JAMES ROBINSON ID# 126679

Candidate Name

ALEXANDER XAVIER MOONEYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285052

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MOONEY FOR CONGRESS

Mailing Address 151 CAMELOT BLVD

City FALLING WATERS	State WV	Zip Code 25419
------------------------	-------------	-------------------

Purpose of Disbursement
EARMARKED BY ELIZABETH CRAINE ID# 41564

Candidate Name

ALEXANDER XAVIER MOONEYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285053

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

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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 275 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MOONEY FOR CONGRESS

Mailing Address 151 CAMELOT BLVD

City FALLING WATERS	State WV	Zip Code 25419
------------------------	-------------	-------------------

Purpose of Disbursement
EARMARKED BY ALLEN WEST ID# 126707

Candidate Name

ALEXANDER XAVIER MOONEYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285054

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MOONEY FOR CONGRESS

Mailing Address 151 CAMELOT BLVD

City FALLING WATERS	State WV	Zip Code 25419
------------------------	-------------	-------------------

Purpose of Disbursement
EARMARKED BY TIMOTHY JONES ID# 126708

Candidate Name

ALEXANDER XAVIER MOONEYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285055

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MOONEY FOR CONGRESS

Mailing Address 151 CAMELOT BLVD

City FALLING WATERS	State WV	Zip Code 25419
------------------------	-------------	-------------------

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

Candidate Name

ALEXANDER XAVIER MOONEYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

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

Transaction ID : SB23.285150

Amount of Each Disbursement this Period

500.00

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

500.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

MADISON PROJECT INC.

A. MOONEY FOR CONGRESS

Date of Disbursement

Transaction ID : SB23.285151

00:

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

B. MOONEY FOR CONGRESS

Date of Disbursement

05 / 06 / 2014

Transaction ID : SB23.285152

00

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

C. MOONEY FOR CONGRESS

Date of Disbursement

Transaction ID : SB23.285153

00-

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Food Type	Number of People
Fruit	10
Vegetables	8
Meat	12
Desserts	5

[MEMO ITEM]

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 277 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MOONEY FOR CONGRESS

Mailing Address 151 CAMELOT BLVD

City	State	Zip Code
FALLING WATERS	WV	25419

Purpose of Disbursement
EARMARKED BY STEVE WISE ID# 23981

Candidate Name

ALEXANDER XAVIER MOONEYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285154

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MOONEY FOR CONGRESS

Mailing Address 151 CAMELOT BLVD

City	State	Zip Code
FALLING WATERS	WV	25419

Purpose of Disbursement
EARMARKED BY ELWOOD GROVES ID# 126730

Candidate Name

ALEXANDER XAVIER MOONEYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

Transaction ID : SB23.285155

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MOONEY FOR CONGRESS

Mailing Address 151 CAMELOT BLVD

City	State	Zip Code
FALLING WATERS	WV	25419

Purpose of Disbursement
EARMARKED BY STANLEY SCHMIDT ID# 33120

Candidate Name

ALEXANDER XAVIER MOONEYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2014

Transaction ID : SB23.285156

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

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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 278 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MOONEY FOR CONGRESS

Mailing Address 151 CAMELOT BLVD

City FALLING WATERS	State WV	Zip Code 25419
------------------------	-------------	-------------------

Purpose of Disbursement
EARMARKED BY STANLEY SCHMIDT ID# 33120

Candidate Name

ALEXANDER XAVIER MOONEYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2014

Transaction ID : SB23.285157

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MOONEY FOR CONGRESS

Mailing Address 151 CAMELOT BLVD

City FALLING WATERS	State WV	Zip Code 25419
------------------------	-------------	-------------------

Purpose of Disbursement
EARMARKED BY NORBERT DENGLE ID# 34332

Candidate Name

ALEXANDER XAVIER MOONEYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2014

Transaction ID : SB23.285158

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MOONEY FOR CONGRESS

Mailing Address 151 CAMELOT BLVD

City FALLING WATERS	State WV	Zip Code 25419
------------------------	-------------	-------------------

Purpose of Disbursement
EARMARKED BY MARGARET HUDAK ID# 126733

Candidate Name

ALEXANDER XAVIER MOONEYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2014

Transaction ID : SB23.285159

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

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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 279 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. MOONEY FOR CONGRESS

Mailing Address 151 CAMELOT BLVD

City FALLING WATERS	State WV	Zip Code 25419
------------------------	-------------	-------------------

Purpose of Disbursement
EARMARKED BY JAMES KEMP ID# 126729

Candidate Name

ALEXANDER XAVIER MOONEYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2014

Transaction ID : SB23.285160

Amount of Each Disbursement this Period

100	00
-----	----

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MOONEY FOR CONGRESS

Mailing Address 151 CAMELOT BLVD

City FALLING WATERS	State WV	Zip Code 25419
------------------------	-------------	-------------------

Purpose of Disbursement
EARMARKED BY JONATHAN ORR ID# 126678

Candidate Name

ALEXANDER XAVIER MOONEYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		10		2014

Transaction ID : SB23.285161

Amount of Each Disbursement this Period

100	00
-----	----

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. PAUL BROUN COMMITTEE

Mailing Address P.O. BOX 6337

City ATHENS	State GA	Zip Code 30604
----------------	-------------	-------------------

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

Candidate Name

PAUL COLLINS BROUNOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285146

Amount of Each Disbursement this Period

100	00
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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100	00
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 280 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. PAUL BROUN COMMITTEE

Mailing Address P.O. BOX 6337

City
ATHENSState
GAZip Code
30604Purpose of Disbursement
EARMARKED BY ROBERT DOSTER ID# 126693

001

Candidate Name

PAUL COLLINS BROUNCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: GA

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285147

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. PAUL BROUN COMMITTEE

Mailing Address P.O. BOX 6337

City
ATHENSState
GAZip Code
30604Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001

Candidate Name

PAUL COLLINS BROUNCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: GA

District: 00

Date of Disbursement

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

Transaction ID : SB23.285225

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. PAUL BROUN COMMITTEE

Mailing Address P.O. BOX 6337

City
ATHENSState
GAZip Code
30604Purpose of Disbursement
EARMARKED BY STEVE WISE ID# 23981

001

Candidate Name

PAUL COLLINS BROUNCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: GA

District: 00

Date of Disbursement

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

Transaction ID : SB23.285226

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

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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 281 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. PAUL BROUN COMMITTEE

Mailing Address P.O. BOX 6337

City
ATHENSState
GAZip Code
30604Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001

Candidate Name

PAUL COLLINS BROUNCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: GA

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285297

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

B. PAUL BROUN COMMITTEE

Mailing Address P.O. BOX 6337

City
ATHENSState
GAZip Code
30604Purpose of Disbursement
EARMARKED BY KAREN HOBSON ID# 126688

001

Candidate Name

PAUL COLLINS BROUNCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: GA

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285298

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. PAUL BROUN COMMITTEE

Mailing Address P.O. BOX 6337

City
ATHENSState
GAZip Code
30604Purpose of Disbursement
EARMARKED BY BETTY BASSETT ID# 114619

001

Candidate Name

PAUL COLLINS BROUNCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: GA

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285299

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).....▶

80.00

--

**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 283 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. RATCLIFFE FOR CONGRESSMailing Address 2931 RIDGE ROAD SUITE 101
PMB #217City State Zip Code
ROCKWALL TX 75032Purpose of Disbursement
TRANSMITTAL OF EARMARKS

Candidate Name

JOHN LEE RATCLIFFEOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
RUNOFF

State: TX District: 04

Date of Disbursement

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

Transaction ID : SB23.285215

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. RATCLIFFE FOR CONGRESSMailing Address 2931 RIDGE ROAD SUITE 101
PMB #217City State Zip Code
ROCKWALL TX 75032Purpose of Disbursement
EARMARKED BY STEVE WISE ID# 23981

Candidate Name

JOHN LEE RATCLIFFEOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
RUNOFF

State: TX District: 04

Date of Disbursement

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

Transaction ID : SB23.285216

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. RATCLIFFE FOR CONGRESSMailing Address 2931 RIDGE ROAD SUITE 101
PMB #217City State Zip Code
ROCKWALL TX 75032Purpose of Disbursement
TRANSMITTAL OF EARMARKS

Candidate Name

JOHN LEE RATCLIFFEOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
RUNOFF

State: TX District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

Transaction ID : SB23.285287

Amount of Each Disbursement this Period

50.00

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

150.00

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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 284 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. RATCLIFFE FOR CONGRESSMailing Address 2931 RIDGE ROAD SUITE 101
PMB #217City State Zip Code
ROCKWALL TX 75032Purpose of Disbursement
EARMARKED BY KEITH TODD ID# 126689

Candidate Name

JOHN LEE RATCLIFFEOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
RUNOFF

State: TX District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	21	/	2014

Transaction ID : SB23.285288

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. RATCLIFFE FOR CONGRESSMailing Address 2931 RIDGE ROAD SUITE 101
PMB #217City State Zip Code
ROCKWALL TX 75032Purpose of Disbursement
TRANSMITTAL OF EARMARKS

Candidate Name

JOHN LEE RATCLIFFEOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
RUNOFF

State: TX District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	28	/	2014

Transaction ID : SB23.285348

Amount of Each Disbursement this Period

95.00

Full Name (Last, First, Middle Initial)

C. RATCLIFFE FOR CONGRESSMailing Address 2931 RIDGE ROAD SUITE 101
PMB #217City State Zip Code
ROCKWALL TX 75032Purpose of Disbursement
EARMARKED BY KRISTINE BALLESTRO ID# 40582

Candidate Name

JOHN LEE RATCLIFFEOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
RUNOFF

State: TX District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	21	/	2014

Transaction ID : SB23.285349

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)..... ►

95.00

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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 285 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. RATCLIFFE FOR CONGRESSMailing Address 2931 RIDGE ROAD SUITE 101
PMB #217City State Zip Code
ROCKWALL TX 75032Purpose of Disbursement
EARMARKED BY JOHN LOEHLEIN ID# 24471

Candidate Name

JOHN LEE RATCLIFFEOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
RUNOFF

State: TX District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	21	/	2014

Transaction ID : SB23.285350

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. RATCLIFFE FOR CONGRESSMailing Address 2931 RIDGE ROAD SUITE 101
PMB #217City State Zip Code
ROCKWALL TX 75032Purpose of Disbursement
EARMARKED BY JOSEPH PINTANDE ID# 30919

Candidate Name

JOHN LEE RATCLIFFEOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
RUNOFF

State: TX District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	23	/	2014

Transaction ID : SB23.285351

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. RATCLIFFE FOR CONGRESSMailing Address 2931 RIDGE ROAD SUITE 101
PMB #217City State Zip Code
ROCKWALL TX 75032Purpose of Disbursement
EARMARKED BY MARY NIELSEN ID# 126709

Candidate Name

JOHN LEE RATCLIFFEOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
RUNOFF

State: TX District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	24	/	2014

Transaction ID : SB23.285352

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

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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 286 OF 311

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

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NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. RATCLIFFE FOR CONGRESSMailing Address 2931 RIDGE ROAD SUITE 101
PMB #217City State Zip Code
ROCKWALL TX 75032Purpose of Disbursement
EARMARKED BY BONNIE KRUPP ID# 126710

Candidate Name

JOHN LEE RATCLIFFEOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
RUNOFF

State: TX District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2014

Transaction ID : SB23.285353

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TAXPAYERS FOR ART HALVORSON COMMITTEE

Mailing Address P.O. BOX 11

City State Zip Code
BEDFORD PA 15522Purpose of Disbursement
TRANSMITTAL OF EARMARKS

Candidate Name

ARTHUR L HALVORSONOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285058

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. TAXPAYERS FOR ART HALVORSON COMMITTEE

Mailing Address P.O. BOX 11

City State Zip Code
BEDFORD PA 15522Purpose of Disbursement
EARMARKED BY WILLIAM DOWELL ID# 2879

Candidate Name

ARTHUR L HALVORSONOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.285059

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

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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 287 OF 311

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

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

NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. TAXPAYERS FOR ART HALVORSON COMMITTEE

Date of Disbursement

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

Mailing Address P.O. BOX 11

City	State	Zip Code
BEDFORD	PA	15522

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001

Transaction ID : SB23.285166

Amount of Each Disbursement this Period

100.00

Candidate Name

ARTHUR L HALVORSONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 09

Full Name (Last, First, Middle Initial)

B. TAXPAYERS FOR ART HALVORSON COMMITTEE

Date of Disbursement

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

Mailing Address P.O. BOX 11

City	State	Zip Code
BEDFORD	PA	15522

Purpose of Disbursement
EARMARKED BY STEVE WISE ID# 23981

001

Transaction ID : SB23.285167

Amount of Each Disbursement this Period

100.00

Candidate Name

ARTHUR L HALVORSONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 09

Full Name (Last, First, Middle Initial)

C. TAXPAYERS FOR ART HALVORSON COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Mailing Address P.O. BOX 11

City	State	Zip Code
BEDFORD	PA	15522

Purpose of Disbursement
TRANSMITTAL OF EARMARKS

001

Transaction ID : SB23.285245

Amount of Each Disbursement this Period

100.00

Candidate Name

ARTHUR L HALVORSONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 09

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

200.00

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

PAGE 288 OF 311

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

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

NAME OF COMMITTEE (In Full)

MADISON PROJECT INC.

Full Name (Last, First, Middle Initial)

A. TAXPAYERS FOR ART HALVORSON COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

Mailing Address P.O. BOX 11

City	State	Zip Code
BEDFORD	PA	15522

Purpose of Disbursement
EARMARKED BY KAREN HOBSON ID# 126688

001

Candidate Name

ARTHUR L HALVORSONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 09

Transaction ID : SB23.285246

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TAXPAYERS FOR ART HALVORSON COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

Mailing Address P.O. BOX 11

City	State	Zip Code
BEDFORD	PA	15522

Purpose of Disbursement
EARMARKED BY KEITH TODD ID# 126689

001

Candidate Name

ARTHUR L HALVORSONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 09

Transaction ID : SB23.285247

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

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

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

--

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

0.00

16094.14

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 289 OF 311
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00298000</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">14</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>		
Mailing Address PO BOX 15179			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 5.00		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285243
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">14</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>	
Name of Federal Candidate ARTHUR L HALVORSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 272.25			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">21</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>		
Mailing Address PO BOX 15179			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 5.00		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285364
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">21</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>	
Name of Federal Candidate ARTHUR L HALVORSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 5.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 10.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></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.					
MR. PAULA KILGORE			[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 290 OF 311
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00298000</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>					
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 07 / 2014		
Mailing Address PO BOX 15179			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">15.50</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285237
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 07 / 2014	
Name of Federal Candidate MATTHEW GRISWOLD BEVIN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">1529.75</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 14 / 2014		
Mailing Address PO BOX 15179			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">13.00</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285263
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 14 / 2014	
Name of Federal Candidate MATTHEW GRISWOLD BEVIN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">1542.75</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">28.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></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.					
MR. PAULA KILGORE			[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 06 / 24 / 2014
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 291 OF 311
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.			FEC IDENTIFICATION NUMBER ▼ C C00298000		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">28</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address PO BOX 15179			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">0.75</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285387
Purpose of Expenditure CC TRANSACTION FEES		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">28</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate MATTHEW GRISWOLD BEVIN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">0.75</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2104</div>		
Mailing Address PO BOX 15179			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7.00</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285375
Purpose of Expenditure CC TRANSACTION FEES		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate MATTHEW GRISWOLD BEVIN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7.75</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7.75</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></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.					
MR. PAULA KILGORE			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 292 OF 311
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.		FEC IDENTIFICATION NUMBER ▼ C C00298000
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee MADISON PROJECT INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 07 / 2014	
Mailing Address PO BOX 15179		Amount 250.00	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.285234
Purpose of Expenditure CC TRANSACTION FEES	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 07 / 2014	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee MADISON PROJECT INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 14 / 2014	
Mailing Address PO BOX 15179		Amount 10.00	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.285256
Purpose of Expenditure CC TRANSACTION FEES	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 14 / 2014	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	260.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

MR. PAULA KILGORE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
06 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 293 OF 311
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00298000 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 21 / 2014</div> </div>		
Mailing Address PO BOX 15179			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.50</div>		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.285371 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 21 / 2014</div> </div>		
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">483.10</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 28 / 2014</div> </div>		
Mailing Address PO BOX 15179			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">79.25</div>		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.285383 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 28 / 2014</div> </div>		
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">562.35</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">86.75</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.

MR. PAULA KILGORE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
06 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 294 OF 311
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.			FEC IDENTIFICATION NUMBER ▼ C C00298000	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 14 / 2014	
Mailing Address PO BOX 15179			Amount 7.25	
City WASHINGTON		State DC	Zip Code 20003	
Purpose of Expenditure CC TRANSACTION FEES		Category/Type 001	Transaction ID : SE.285253 Date of Disbursement or Obligation MM / DD / YYYY 05 / 14 / 2014	
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID	
Calendar Year-To-Date Per Election for Office Sought		199.60	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 21 / 2014	
Mailing Address PO BOX 15179			Amount 2.50	
City WASHINGTON		State DC	Zip Code 20003	
Purpose of Expenditure CC TRANSACTION FEES		Category/Type 001	Transaction ID : SE.285369 Date of Disbursement or Obligation MM / DD / YYYY 05 / 21 / 2014	
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID	
Calendar Year-To-Date Per Election for Office Sought		2.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			9.75	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
MR. PAULA KILGORE		[Electronically Filed]		Date
Signature				MM / DD / YYYY 06 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 295 OF 311
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00298000</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Mailing Address PO BOX 15179			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 11.50		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285240
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate COLONEL ROBERT L MANESS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 39.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Mailing Address PO BOX 15179			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 10.00		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285273
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate COLONEL ROBERT L MANESS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 49.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 21.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></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.					
MR. PAULA KILGORE			[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 296 OF 311
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.			FEC IDENTIFICATION NUMBER ▼ C C00298000		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination 05 / 21 / 2014		
Mailing Address PO BOX 15179			Amount 5.00		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285378
Purpose of Expenditure CC TRANSACTION FEES		Category/Type 001		Date of Disbursement or Obligation 05 / 21 / 2014	
Name of Federal Candidate COLONEL ROBERT L MANESS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 54.00			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination 05 / 28 / 2014		
Mailing Address PO BOX 15179			Amount 1.75		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285389
Purpose of Expenditure CC TRANSACTION FEES		Category/Type 001		Date of Disbursement or Obligation 05 / 28 / 2014	
Name of Federal Candidate COLONEL ROBERT L MANESS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 55.75			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			6.75		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
MR. PAULA KILGORE			[Electronically Filed]		
Signature			Date 06 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 297 OF 311
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.			FEC IDENTIFICATION NUMBER ▼ C C00298000		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address PO BOX 15179			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5.00</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285254
Purpose of Expenditure CC TRANSACTION FEES		Category/Type 001		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate DR. CHAD MATHIS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate		Office Sought: <input checked="" type="checkbox"/> House District: 06 State: AL
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">282.75</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">21</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address PO BOX 15179			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5.00</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285370
Purpose of Expenditure CC TRANSACTION FEES		Category/Type 001		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">21</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate DR. CHAD MATHIS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate		Office Sought: <input checked="" type="checkbox"/> House District: 06 State: AL
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">20287.75</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">10.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.					
MR. PAULA KILGORE _____ Signature			[Electronically Filed]		Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 298 OF 311
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00298000</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>					
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>		
Mailing Address PO BOX 15179			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">5.00</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285238
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>	
Name of Federal Candidate MILTON WOLF			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">1507.50</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">14</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>		
Mailing Address PO BOX 15179			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">11.00</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285267
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">14</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>	
Name of Federal Candidate MILTON WOLF			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">1518.50</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">16.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></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.					
MR. PAULA KILGORE			[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 299 OF 311
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.			FEC IDENTIFICATION NUMBER ▼ C C00298000		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address PO BOX 15179			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">6.25</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285376
Purpose of Expenditure CC TRANSACTION FEES		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate MILTON WOLF			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: KS		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1524.75</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">28</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address PO BOX 15179			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">0.75</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285388
Purpose of Expenditure CC TRANSACTION FEES		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">28</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate MILTON WOLF			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: KS		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1525.50</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></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.					
MR. PAULA KILGORE _____ Signature			[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 300 OF 311
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00298000</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 07 / 2014</div>		
Mailing Address PO BOX 15179			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5.00</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285239
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 07 / 2014</div>	
Name of Federal Candidate PAUL COLLINS BROWN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.25</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 14 / 2014</div>		
Mailing Address PO BOX 15179			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.00</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285269
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 14 / 2014</div>	
Name of Federal Candidate PAUL COLLINS BROWN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">19.25</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">15.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.					
MR. PAULA KILGORE			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 24 / 2014</div>
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 301 OF 311
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00298000</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>					
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 21 / 2014		
Mailing Address PO BOX 15179			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">4.00</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285377
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 21 / 2014	
Name of Federal Candidate PAUL COLLINS BROWN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">23.25</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 14 / 2014		
Mailing Address PO BOX 15179			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">10.00</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285260
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 14 / 2014	
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">313.50</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">14.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></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.					
MR. PAULA KILGORE			[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 06 / 24 / 2014
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 302 OF 311
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00298000</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">21</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>		
Mailing Address PO BOX 15179			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 5.00		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285373
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> 001		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">21</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>	
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> CA
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 318.50			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">28</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>		
Mailing Address PO BOX 15179			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 1.00		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285385
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> 001		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">28</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>	
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> CA
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 319.50			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 6.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></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.					
MR. PAULA KILGORE			[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 303 OF 311
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00298000</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>					
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 14 / 2014		
Mailing Address PO BOX 15179			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">5.00</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285244
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 14 / 2014	
Name of Federal Candidate BARRY LOUDERMILK			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">28.25</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 21 / 2014		
Mailing Address PO BOX 15179			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">2.50</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285365
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 21 / 2014	
Name of Federal Candidate BARRY LOUDERMILK			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">2.50</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">7.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></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.					
MR. PAULA KILGORE			[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 06 / 24 / 2014
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 304 OF 311
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.			FEC IDENTIFICATION NUMBER ▼ C C00298000		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">28</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address PO BOX 15179			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7.50</div>		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.285381 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">28</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure CC TRANSACTION FEES		Category/Type 001			
Name of Federal Candidate BARRY LOUDERMILK		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address PO BOX 15179			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25.00</div>		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.285242 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure CC TRANSACTION FEES		Category/Type 001			
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4590.95</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">32.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></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.					
MR. PAULA KILGORE		[Electronically Filed]		Date	
Signature				<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 305 OF 311
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.			FEC IDENTIFICATION NUMBER ▼ C C00298000	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee MADISON PROJECT INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 14 / 2014		
Mailing Address PO BOX 15179		Amount 5.00		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.285258	
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 14 / 2014	
Name of Federal Candidate ROBERT EUGENE JOHNSON MD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought		6.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee MADISON PROJECT INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 21 / 2014		
Mailing Address PO BOX 15179		Amount 21.50		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.285372	
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 21 / 2014	
Name of Federal Candidate ROBERT EUGENE JOHNSON MD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought		21.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		26.50		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
MR. PAULA KILGORE		[Electronically Filed]		Date
Signature		MM / DD / YYYY 06 / 24 / 2014		

Full Name of Payee MADISON PROJECT INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 07 / 2014	
Mailing Address PO BOX 15179		Amount 1.75	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.285236
Purpose of Expenditure CC TRANSACTION FEES	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 07 / 2014
Name of Federal Candidate JOHN LEE RATCLIFFE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House	District: 04 State: TX
Calendar Year-To-Date Per Election for Office Sought	1.75	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	10.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 307 OF 311
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.		FEC IDENTIFICATION NUMBER ▼ C C00298000	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee MADISON PROJECT INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 14 / 2014	
Mailing Address PO BOX 15179		Amount 5.00	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.285262
Purpose of Expenditure CC TRANSACTION FEES		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 14 / 2014
Name of Federal Candidate JOHN LEE RATCLIFFE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee MADISON PROJECT INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 21 / 2014	
Mailing Address PO BOX 15179		Amount 2.50	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.285374
Purpose of Expenditure CC TRANSACTION FEES		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 21 / 2014
Name of Federal Candidate JOHN LEE RATCLIFFE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MR. PAULA KILGORE

[Electronically Filed]

Date

MM / DD / YYYY
06 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 308 OF 311
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00298000</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 28 / 2014</div>		
Mailing Address PO BOX 15179			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4.75</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285386
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 28 / 2014</div>	
Name of Federal Candidate JOHN LEE RATCLIFFE			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 13 / 2014</div>		
Mailing Address PO BOX 15179			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">43.51</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.285250
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 13 / 2014</div>	
Name of Federal Candidate BENJAMIN E SASSE			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NE</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">193.26</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">48.26</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.					
MR. PAULA KILGORE			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 24 / 2014</div>
Signature _____					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 309 OF 311
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00298000 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">21</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address PO BOX 15179			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1.25</div>		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.285367 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">21</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate BENJAMIN E SASSE			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NE</u>		
<div style="border: 1px solid black; padding: 2px; text-align: right;">1.25</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee MADISON PROJECT INC.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address PO BOX 15179			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">0.75</div>		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.285382 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure CC TRANSACTION FEES		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate BENJAMIN E SASSE			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NE</u>		
<div style="border: 1px solid black; padding: 2px; text-align: right;">2.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.

MR. PAULA KILGORE

[Electronically Filed]

Signature

Date

06

24

2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 310 OF 311
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00298000</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee UNIVERSAL MEDIA INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 19 / 2014</div>		
Mailing Address 4999 LOUISE DR			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20000.00</div>		
City MECHANICSBURG		State PA	Zip Code 17055		Transaction ID : SE.280526
Purpose of Expenditure MEDIA BUY		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 19 / 2014</div>	
Name of Federal Candidate DR. CHAD MATHIS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">20282.75</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee UNIVERSAL MEDIA INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 27 / 2014</div>		
Mailing Address 4999 LOUISE DR			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4000.00</div>		
City MECHANICSBURG		State PA	Zip Code 17055		Transaction ID : SE.280555
Purpose of Expenditure MEDIA BUY		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 02 / 2014</div>	
Name of Federal Candidate ALEXANDER XAVIER MOONEY			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MD</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4000.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">24000.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.					
MR. PAULA KILGORE			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 24 / 2014</div>
Signature _____					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 311 OF 311
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MADISON PROJECT INC.			FEC IDENTIFICATION NUMBER ▼ C C00298000	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee UNIVERSAL MEDIA INC.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 27 / 2014		
Mailing Address 4999 LOUISE DR		Amount 5000.00		
City MECHANICSBURG	State PA	Zip Code 17055	Transaction ID : SE.280554	
Purpose of Expenditure MEDIA BUY		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 02 / 2014	
Name of Federal Candidate JOHN LEE RATCLIFFE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought		5000.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶	
Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address		Amount		
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Purpose of Expenditure		Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		5000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		29633.26		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
MR. PAULA KILGORE		[Electronically Filed]		Date
Signature		M M M / D D D / Y Y Y Y Y Y 06 / 24 / 2014		