

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 State Zip Code WASHINGTON DC 20003	
Purpose of Expenditure CC TRANSACTION FEES	Category/Type 001
Name of Federal Candidate ROBERT EUGENE JOHNSON MD	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 <input type="checkbox"/> Senate District: <u>01</u> State: <u>GA</u>
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 State Zip Code WASHINGTON DC 20003	
Purpose of Expenditure CC TRANSACTION FEES	Category/Type 001
Name of Federal Candidate ROBERT EUGENE JOHNSON MD	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 <input type="checkbox"/> Senate District: <u>01</u> State: <u>GA</u>
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

Signature _____ [Electronically Filed] Date **06 / 24 / 2014**