

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 1017
Check if different than previously reported. (ACC) Merrifield VA 22116

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) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
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 through M M M / D D D / Y Y Y Y Y Y
10 01 2021 through 10 31 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Amorin, Kelly, , ,
Type or Print Name of Treasurer

Signature of Treasurer Amorin, Kelly, , , [Electronically Filed] Date 11 19 2021

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Madison Project, Inc.

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>	<input type="text" value="281538.01"/>	<input type="text" value="281538.01"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="322282.62"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="174107.85"/>	<input type="text" value="1703135.76"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="496390.47"/>	<input type="text" value="1984673.77"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="235577.64"/>	<input type="text" value="1723860.94"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="260812.83"/>	<input type="text" value="260812.83"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Madison Project, Inc.

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	35571.00	332468.50
(ii) Unitemized	138536.85	1370667.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	174107.85	1703135.76
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	174107.85	1703135.76
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	174107.85	1703135.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	174107.85	1703135.76

DETAILED SUMMARY PAGE
of Disbursements

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	195577.64	1653860.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	195577.64	1653860.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	70000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	235577.64	1723860.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	235577.64	1723860.94

DETAILED SUMMARY PAGE
of Disbursements

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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)	174107.85	1703135.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	174107.85	1703135.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	195577.64	1653860.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	195577.64	1653860.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. ABRAHAM, MALOUF, , MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1283
 City CANADIAN State TX Zip Code 79014-1283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.292608
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. AKERS, MARY, W, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1519 BRICK CHURCH RD
 City ROCKY MOUNT State VA Zip Code 24151-4004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 253.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.292638
 Amount of Each Receipt this Period 152.00
 Memo Item CONTRIBUTION

C. ALLEN, WILLIAM, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1141 OAK HARBOR DR
 City MORGAN CITY State LA Zip Code 70380-8044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FAMILY MEDICINE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.292653
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	452.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. ANDERSON, JAMES, B, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1019 11TH ST # R

City AURORA	State NE	Zip Code 68818-2029
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
10 / 31 / 2021
Transaction ID : SA11A.292680

Amount of Each Receipt this Period
20.00

Memo Item CONTRIBUTION

B. ANDREWS, DORIS, B, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2114 HOLSWADE DR

City HUNTINGTON	State WV	Zip Code 25701-5336
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
415.00

Date of Receipt
10 / 31 / 2021
Transaction ID : SA11A.292692

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

C. APEL, RONALD, H, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 159

City VINEMONT	State AL	Zip Code 35179-0159
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
650.00

Date of Receipt
10 / 31 / 2021
Transaction ID : SA11A.292806

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	220.00
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 8 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. AUSTING, LARRY, B, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1722 LARCH AVE APT 323

City CINCINNATI	State OH	Zip Code 45224-2982
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.292838

Amount of Each Receipt this Period
125.00

Memo Item
CONTRIBUTION

B. BANTA, W, CLIFTON, MR, JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1302 STATE ST

City CHARLESTON	State MO	Zip Code 63834-1429
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.292880

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

C. BEEKWILDER, HENRICUS, P, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2407 FLAGSTICK DR

City MATTHEWS	State NC	Zip Code 28104-0636
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.292959

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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 9 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. BENTZ, MARY, E, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 805 DIETZ RD

City YORK	State PA	Zip Code 17402-7828
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.292990

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

B. BIGELOW, WAYNE, B, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1112 SEDONA ST

City ROCKLIN	State CA	Zip Code 95765-5423
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.293025

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. BISHOP, PAUL, H, MR, JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 345 4TH AVE N

City SAFETY HARBOR	State FL	Zip Code 34695-3634
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.293036

Amount of Each Receipt this Period
122.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	422.00
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 10 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. BLAINE, RANDALL, J, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21407 W 52ND ST

City SHAWNEE	State KS	Zip Code 66218-9438
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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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
10		31		2021

Transaction ID : SA11A.293050

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

B. BOYLE, NANCY, A, MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1154 NISSLEY RD

City LANCASTER	State PA	Zip Code 17601-1645
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
447.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.293135

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

C. BRENT, EDWARD, F, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5255 HORIZONVUE DR

City CINCINNATI	State OH	Zip Code 45239-7779
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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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
10		31		2021

Transaction ID : SA11A.293163

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	840.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. BRICKLEY, WILLIAM, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 BARSTOW AVE
 City NORWELL State MA Zip Code 02061-2832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) FINANCIAL SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.293168
 Amount of Each Receipt this Period 35.00
 Memo Item CONTRIBUTION

B. BRIGGS, KENNETH, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 9TH ST
 City LOS OSOS State CA Zip Code 93402-2713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.293170
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. BRINSTER, LESLIE, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12849 49TH ST SW
 City BELFIELD State ND Zip Code 58622-9216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FAMILY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.293177
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	235.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. BULLARD, THOI, T, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11312 KINGSLEY MANOR WAY

City JACKSONVILLE	State FL	Zip Code 32225-1041
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2021

Transaction ID : SA11A.293246

Amount of Each Receipt this Period
135.00

Memo Item
CONTRIBUTION

B. BUNKER, EUGENE, G, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1660 HOFFMAN RD APT 383

City GREEN BAY	State WI	Zip Code 54311-4241
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2021

Transaction ID : SA11A.293251

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

C. BURNETT, BONNIE, A, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 510 E FARNUM AVE

City ROYAL OAK	State MI	Zip Code 48067-1913
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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
 10 / 31 / 2021

Transaction ID : SA11A.293274

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	485.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. CAVALLO, JOSEPH, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 GRAMERCY AVE
 City YONKERS State NY Zip Code 10701-5113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.293396
 Amount of Each Receipt this Period 85.00
 Memo Item
 CONTRIBUTION

B. CHESNEK, MARGARET, J, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3246 SANTA MONICA WAY
 City UNION CITY State CA Zip Code 94587-2738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.293434
 Amount of Each Receipt this Period 180.00
 Memo Item
 CONTRIBUTION

C. CHESTERMAN, DARYL, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 997
 City ROYAL CITY State WA Zip Code 99357-0997
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 PARTS CITY INC. RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.293435
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	365.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. CHUCK, AILEEN, M, MRS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8144 VILLAGE 8
 City CAMARILLO State CA Zip Code 93012-6928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.293449
 Amount of Each Receipt this Period 375.00
 Memo Item CONTRIBUTION

B. CLARK, RICHARD, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 575 HOLLAND DR
 City FORTSON State GA Zip Code 31808-3707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.293460
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. COATNEY, KAREN, K, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 S WILLOW DR
 City DERBY State KS Zip Code 67037-2439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.293492
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	450.00
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 15 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. COBB, RHODA, W, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 336 E COCONUT PALM RD

City BOCA RATON	State FL	Zip Code 33432-7916
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.293494

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

B. CRUM, JERALD, M, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3251 MAPLEGROVE AVE

City LOUISVILLE	State OH	Zip Code 44641-9687
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.293627

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

C. CUEVA, BERT, J, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 EXCELSE WAY

City HOT SPRINGS VILLAG	State AR	Zip Code 71909-7784
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
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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
10		31		2021

Transaction ID : SA11A.293630

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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 16 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. CULLUM, JANE, K, DR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 90
 City TAFTON State PA Zip Code 18464-0090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.293631
 Amount of Each Receipt this Period 125.00
 Memo Item CONTRIBUTION

B. DEHAAN, CARSON, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7130 96TH AVE
 City ZEELAND State MI Zip Code 49464-9429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.293725
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. DEROX, MARY, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 267 MAPLE VIEW DR
 City WESTFIELD State IN Zip Code 46074-3309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.293753
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

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 17 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. DESCHER, WILLIAM, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5709 BELLE FONTAINE DR
 City OCEAN SPRINGS State MS Zip Code 39564-9084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.293757
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. DESMARAIS, DONALD, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 SUSAN DR
 City SAUGUS State MA Zip Code 01906-1237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 246.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.293758
 Amount of Each Receipt this Period 62.00
 Memo Item CONTRIBUTION

C. DESROCHERS, SHIRLEY, P, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1055 N KINGSLEY DR APT LH312
 City LOS ANGELES State CA Zip Code 90029-1207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.293760
 Amount of Each Receipt this Period 135.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	447.00
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 18 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. DEVEREUX, RICHARD, B, DR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 GRAMATAN CT
 City BRONXVILLE State NY Zip Code 10708-3015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 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
 10 / 31 / 2021
Transaction ID : SA11A.293768
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

B. DIUSSA, ROBERTA, R, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 STONE MEADOW RD
 City GREENVILLE State SC Zip Code 29615-5353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2021
Transaction ID : SA11A.293804
 Amount of Each Receipt this Period
 80.00
 Memo Item
 CONTRIBUTION

C. DONZE, IDELL, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 10TH ST
 City SHALIMAR State FL Zip Code 32579-1550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 DR. ROBERT SCH RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2021
Transaction ID : SA11A.293826
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	230.00
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 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. EAKIN, ELAINE, R, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3421 W PRESCOTT CIR

City CUYAHOGA FALLS	State OH	Zip Code 44223-3381
------------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.293879

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. ENGBERS, ANNA, BELLE, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 629

City COOPER LANDING	State AK	Zip Code 99572-0629
------------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.293945

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. EVANS, SHARON, T, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8172 S QUATAR CIR

City AURORA	State CO	Zip Code 80016-7250
----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) SCHOOL TEACHER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.293981

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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: (check only one)	PAGE 20 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. EWELL, CALVIN, E, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 620 WENTZEL RD

City EAST EARL	State PA	Zip Code 17519-9762
-------------------	-------------	------------------------

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

Name of Employer (for Individual) H.R.EWELL INC.	Occupation (for Individual) TRUCKING
---	---

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
10		31		2021

Transaction ID : SA11A.293992

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. FAULKNER, PEGGY, M, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12744 ASTON CREEK DR

City TAMPA	State FL	Zip Code 33626-3138
---------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.294009

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

C. FELKER, DONALD, E, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 43 INDEPENDENCE WAY

City MORRISTOWN	State NJ	Zip Code 07960-5758
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
905.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.294017

Amount of Each Receipt this Period
80.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	655.00
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 21 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. FENCL, THOMAS, J, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 48278 SW KINGWOOD AVE

City MILL CITY	State OR	Zip Code 97360-9501
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) FARMER / LOGGER RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2021

Transaction ID : SA11A.294020

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

B. FENK, FREDERICK, W, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6816 3RD AVE NW

City BRADENTON	State FL	Zip Code 34209-2258
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2021

Transaction ID : SA11A.294022

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

C. FILE, NORMAN, L, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7710 BRINGLE FERRY RD

City SALISBURY	State NC	Zip Code 28146-9515
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2021

Transaction ID : SA11A.294044

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	215.00
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 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. FISHER, MARYANN, H, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4753 BARFIELD RD

City MEMPHIS	State TN	Zip Code 38117-2500
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.294056

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. FISHER, ROBERT, STEPHEN, DR, M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 651 HEATHERWOOD RD

City BRYN MAWR	State PA	Zip Code 19010-1725
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) RETIRED PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.294057

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

C. FORD, VICTORIA, I, MS, TTEE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4303 FOREST PARK RD

City JACKSONVILLE	State FL	Zip Code 32210-6027
----------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.294083

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	800.00
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 23 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. FRIEL, PATRICIA, A, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 329 PROVIDENCE DR

City REEDSPORT	State OR	Zip Code 97467-1709
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
530.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.294138

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. FRUIN, SANDRA, J, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 465 HAMILTON AVE

City EUGENE	State OR	Zip Code 97404-2365
----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
248.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.294147

Amount of Each Receipt this Period
83.00

Memo Item
CONTRIBUTION

C. GAETJEN, JOHN, R, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 HIGHLAND CT

City SAUGERTIES	State NY	Zip Code 12477-2237
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
880.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.294164

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	283.00
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 24 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. GAYLER, WILLIAM, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10015 STATE RD 7
 City BOYNTON BEACH State FL Zip Code 33473-4700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.294204
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. GELIN, JANIT, H, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2812 CEDAR RD
 City OCEANSIDE State CA Zip Code 92056-4209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED UCSID Occupation (for Individual) RETIRED REG NURSE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.294212
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. GERG, KENNETH, G, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2131 RICH VALLEY RD
 City EMPORIUM State PA Zip Code 15834-4227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.294226
 Amount of Each Receipt this Period 30.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	330.00
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 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. GILL, JUANITA, K, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 WESTEN ST UNIT 2312
 City BOWLING GREEN State KY Zip Code 42104-5851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.294252
 Amount of Each Receipt this Period 30.00
 Memo Item CONTRIBUTION

B. GLENN, ROBERT, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10000 TIFFANY DR
 City RIVER RIDGE State LA Zip Code 70123-1544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.294263
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. GORRIE, MAGNUS, MILLER, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 COUNTRY CLUB BLVD
 City MOUNTAIN BRK State AL Zip Code 35213-4228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.294302
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	230.00
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 26 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. GRAHAM, LINDA, ROBINSON, MRS.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7101 HEATHWOOD CT

City BETHESDA	State MD	Zip Code 20817-2915
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.294312

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. GRAY, STEWART, D, MR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12481 RODDY RD

City GONZALES	State LA	Zip Code 70737-1906
------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.294330

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. GRETH, WALTER, T, MR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 77 GELSINGER RD

City READING	State PA	Zip Code 19608-1806
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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
10		31		2021

Transaction ID : SA11A.294359

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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:	PAGE 27 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. GRICE, VERA, M, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 151 LOWER REBECCA RD

City FITZGERALD	State GA	Zip Code 31750-7877
--------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.294360

Amount of Each Receipt this Period
85.00

Memo Item
CONTRIBUTION

B. GRIMM, KENNETH, GARY, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 907 17TH ST

City VIENNA	State WV	Zip Code 26105-1109
----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.294376

Amount of Each Receipt this Period
65.00

Memo Item
CONTRIBUTION

C. HACKL, CAROLYN, H, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 DIXIE HWY

City ROSSFORD	State OH	Zip Code 43460-1337
------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.294420

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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: (check only one)	PAGE 28 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. HALL, KAREN, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 495 RICHEY RD
 City TAYLORSVILLE State NC Zip Code 28681-3871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.294444
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. HAMANAKA, BARBARA, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 EAGLE RIDGE DR
 City GALES FERRY State CT Zip Code 06335-1904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.294454
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

C. HARDEN, VIVIAN, V, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1603 E SCHWARTZ BLVD
 City LADY LAKE State FL Zip Code 32159-2251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.294491
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

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: (check only one)	PAGE 29 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. HARDY, DOYLE, G, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6521 CIRCLEVIEW DR

City NORTH RICHLAND HIL	State TX	Zip Code 76180-8037
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.294496

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. HARTMAN, JOANNE, BREEDY, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 518 HAIN AVE

City READING	State PA	Zip Code 19605-2135
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.294527

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. HEATH, MARY, LOU, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 177 MARY AVE

City NIPOMO	State CA	Zip Code 93444-5660
----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
---	--

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
10		31		2021

Transaction ID : SA11A.294557

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	200.00
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 30 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. HEIM, WILLIAM, F, MR, TTEE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3536 OAK RD
HEIM FAMILY TRUST

City STOW	State OH	Zip Code 44224-3933
--------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
10 / 31 / 2021
Transaction ID : SA11A.294569

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. HICKEN, JOHN, R, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29228 PARK VIEW DR

City DAGSBORO	State DE	Zip Code 19939-3485
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 31 / 2021
Transaction ID : SA11A.294630

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

C. HILBERT, ANITA, S, MISS, TTEE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13912 MCTYRES COVE LN

City MIDLOTHIAN	State VA	Zip Code 23112-4667
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
575.00

Date of Receipt
10 / 31 / 2021
Transaction ID : SA11A.294645

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

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 31 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. HINDE, ROSE, MARIE, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4712 SW 6TH AVE APT 217
 City TOPEKA State KS Zip Code 66606-2293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.294656
 Amount of Each Receipt this Period 60.00
 Memo Item CONTRIBUTION

B. HOLMQUIST, MAX, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1375 ALAMEDA AVE
 City IDAHO FALLS State ID Zip Code 83401-2105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.294702
 Amount of Each Receipt this Period 312.00
 Memo Item CONTRIBUTION

C. HOLTON, LEYLA, G, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10288 IRON ORE RD
 City CONROE State TX Zip Code 77303-2410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.294705
 Amount of Each Receipt this Period 90.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	462.00
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 32 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. HOOD, RAYMOND, , MR, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2165 S 700 W

City WABASH	State IN	Zip Code 46992-9212
----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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
 10 / 31 / 2021
Transaction ID : SA11A.294716

Amount of Each Receipt this Period
50.00

Memo Item CONTRIBUTION

B. HORSTMAN, MARY, ANN, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1235 E 6TH ST

City LOVELAND	State CO	Zip Code 80537-5843
------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2021
Transaction ID : SA11A.294730

Amount of Each Receipt this Period
45.00

Memo Item CONTRIBUTION

C. HOUGHTLING, HARRY, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4496 ROYALTON CENTER RD

City GASPORT	State NY	Zip Code 14067-9340
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
---	--

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
 10 / 31 / 2021
Transaction ID : SA11A.294739

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	195.00
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 33 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. HUARTE, FERMIN, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11674 ROAD 29
 City MADERA State CA Zip Code 93637-9101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.294755
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. IMPERATO, PASCAL, J, MR, RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24089 SAFIRO CT
 City WILDOMAR State CA Zip Code 92595-7863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.294813
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. JACKSON, BRIAN, T, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7014 SHAY CT
 City HIGHLAND State CA Zip Code 92346-7700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.294828
 Amount of Each Receipt this Period 60.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	160.00
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 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. JACKSON, BRIAN, T, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7014 SHAY CT

City HIGHLAND	State CA	Zip Code 92346-7700
------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
580.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.294829

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. JACKSON, DICK, D, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 376 NORUMBEGA DR

City MONROVIA	State CA	Zip Code 91016-2445
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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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
10		31		2021

Transaction ID : SA11A.294830

Amount of Each Receipt this Period
600.00

Memo Item
CONTRIBUTION

C. JILES, MARY, JO, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 994

City SALLISAW	State OK	Zip Code 74955-0994
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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
10		31		2021

Transaction ID : SA11A.294869

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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 35 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. JOHNSON, EDNA, I, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24724 VALLEY ST APT 102
 City NEWHALL State CA Zip Code 91321-2662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 940.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.294874
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. JOHNSON, PATRICIA, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 WEISS TER
 City RARITAN State NJ Zip Code 08869-1628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.294887
 Amount of Each Receipt this Period 60.00
 Memo Item CONTRIBUTION

C. KAISER, JOYCE, K, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14220 56TH RD
 City STURTEVANT State WI Zip Code 53177-2132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.294953
 Amount of Each Receipt this Period 55.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	215.00
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 36 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. KARAYIANNIS, FOTIOS, D, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1312 E MEADOWBROOK LN

City CARBONDALE	State IL	Zip Code 62901-3412
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.294972

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

B. KARR, ROBERT, A, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1249 MCKUSICK ROAD LN N

City STILLWATER	State MN	Zip Code 55082-4175
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.294974

Amount of Each Receipt this Period
52.00

Memo Item
CONTRIBUTION

C. KELLY, MICHAEL, L, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9017 POCO RD

City HOUSTON	State TX	Zip Code 77080-5544
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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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
10		31		2021

Transaction ID : SA11A.294994

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	227.00
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 37 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. KERR, JEAN, A, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 4640 SAWYERS MILL RD

City CAMDEN	State TN	Zip Code 38320-5912
----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
10 / 31 / 2021
Transaction ID : SA11A.295018

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

B. KING, BARBARA, A, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2 REGINA DR

City COMMACK	State NY	Zip Code 11725-5317
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
447.00

Date of Receipt
10 / 31 / 2021
Transaction ID : SA11A.295041

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. KRIEGER, MELVIN, H, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3925 SW ODELL DR

City LEES SUMMIT	State MO	Zip Code 64082-7400
---------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 31 / 2021
Transaction ID : SA11A.295131

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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:	PAGE 38 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. LAINE, BETH, M, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7630 BRENT LN
 BETH LAINE REVOCABLE TRUST
 City LAS VEGAS State NV Zip Code 89131-1712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295172
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. LANGER, KARLEEN, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4865 TARRINGTON DR
 City HOFFMAN ESTATES State IL Zip Code 60010-5555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295189
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. LAWRENCE, DEAN, D, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9601 BASKERVILLE DR
 City ROCKWALL State TX Zip Code 75087-8784
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295214
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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 39 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. LE GORE, BERTHA, G, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 E TRUMAN AVE
 City EAU CLAIRE State WI Zip Code 54701-3208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295223
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

B. LEAVINS, ALICE, C, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 520
 City APALACHICOLA State FL Zip Code 32329-0520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS OWNER SMALL BUSINESS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295233
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. LEE, CONNIE, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1014 VENHORST RD
 City COLORADO SPRINGS State CO Zip Code 80920-3129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295237
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

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 40 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. LEE, GAIL, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3084 WANDA WOODS DR
 City ATLANTA State GA Zip Code 30340-4602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295235
 Amount of Each Receipt this Period 150.00
 Memo Item CONTRIBUTION

B. LEE, MARILYN, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12100 BELL RD
 City ROBY State MO Zip Code 65557-8706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295242
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. LEITE, MERRIE, JO, LT COL, USAR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2171 STAGE STOP DR
 City HENDERSON State NV Zip Code 89052-5824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295250
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. LEMASTER, NANCY, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 PINE CREST DR

City IRONTON	State OH	Zip Code 45638-3068
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.295254

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

B. LIESKE, ETHEL, J, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 656 WASHINGTON ST

City RIPON	State WI	Zip Code 54971-1054
---------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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
10		31		2021

Transaction ID : SA11A.295294

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. LINDSTROM, WESLEY, P, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2743 171ST ST

City CURRIE	State MN	Zip Code 56123-1048
----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED FARMER
---	---

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
10		31		2021

Transaction ID : SA11A.295312

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	175.00
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 42 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. LOBO-GUERRERO, GILBERTO, , MR, USAF RET

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

Mailing Address 54 ZENITH LN

City SUGAR LAND	State TX	Zip Code 77498-2528
--------------------	-------------	------------------------

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

Name of Employer (for Individual) UNEMPLOYED	Occupation (for Individual) RETIRED USAF DISABLED VETERAN
---	--

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
10		31		2021

Transaction ID : SA11A.295328

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

B. LUCAS, ALICE, P, MRS,

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

Mailing Address 29045 LIVINGSTON DR

City MECHANICSVILLE	State MD	Zip Code 20659-3271
------------------------	-------------	------------------------

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

Name of Employer (for Individual) AMY E. VON CANNON	Occupation (for Individual) NANNY
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.295359

Amount of Each Receipt this Period
50.00

Memo Item CONTRIBUTION

C. LYNCH, LOUISE, J, ,

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

Mailing Address 6711 OLD MILFORD RD

City MILFORD	State KS	Zip Code 66514-9327
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
---	--

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
10		31		2021

Transaction ID : SA11A.295371

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

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: (check only one)	PAGE 43 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. MACLEAN, EVELYN, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 HIGHLANDS CROSSING DR APT 105
 City BELLA VISTA State AR Zip Code 72715-3077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295386
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

B. MANNING, JOYCE, E, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4464 HIGHWAY 550
 City SPEARSVILLE State LA Zip Code 71277-2330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295418
 Amount of Each Receipt this Period 135.00
 Memo Item CONTRIBUTION

C. MARCELO, BERNADINO, D, DR, PHD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 329 RIVERGATE MNR
 City ROGERSVILLE State TN Zip Code 37857-5846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295424
 Amount of Each Receipt this Period 124.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	459.00
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 44 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. MARSHALL, KENNETH, L, MR, SR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4625 RIVERS EDGE VILLAGE LN UNIT 5

City PONCE INLET	State FL	Zip Code 32127-7295
---------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
10 / 31 / 2021
Transaction ID : SA11A.295444

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. MARTIN, VERA, M, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 510 NW MURRAY RD APT 212

City LEES SUMMIT	State MO	Zip Code 64081-1460
---------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 31 / 2021
Transaction ID : SA11A.295455

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. MAURIZIO, VIRGINIA, M, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 WEISBROOK LN

City CARTERVILLE	State IL	Zip Code 62918-2320
---------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
205.00

Date of Receipt
10 / 31 / 2021
Transaction ID : SA11A.295485

Amount of Each Receipt this Period
45.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	645.00
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 45 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. MCCALL, GEORGE, A, COL, RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9026 ANTIETAM DR

City SAN ANTONIO	State TX	Zip Code 78239-3557
---------------------	-------------	------------------------

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

Name of Employer (for Individual) US AIR FORCE	Occupation (for Individual) 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
10		31		2021

Transaction ID : SA11A.295500

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

B. MCCOSKER, DAVID, A, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3155 SANTA MARIA DR

City CONCORD	State CA	Zip Code 94518-2815
-----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
401.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.295523

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

C. MCCREIGHT, JAMES, O, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3415 JERSEY RIDGE RD APT 1001

City DAVENPORT	State IA	Zip Code 52807-2240
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) RETIRED PHARMACIST
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
328.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.295528

Amount of Each Receipt this Period
176.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	376.00
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 46 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. MCGRATH, LINDA, J, MRS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9319 LAKEVIEW RD
 MCGRATH FAMILY TRUST
 City LAKESIDE State CA Zip Code 92040-4715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 452.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295555
 Amount of Each Receipt this Period 120.00
 Memo Item CONTRIBUTION

B. MEADOWS, BRENT, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12498 S 305TH EAST AVE
 City COWETA State OK Zip Code 74429-3567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 NONE RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295593
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

C. MEERTZ, HELMUT, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 638 LOVES LN
 City WYNNEWOOD State PA Zip Code 19096-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295600
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	420.00
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 47 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. MELTON, JERRY, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 GREENFIELDS DR
 City BASTROP State TX Zip Code 78602-3130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2021
Transaction ID : SA11A.295609
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

B. MILLIES, RONALD, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1350 LUDINGTON LN
 City DYER State IN Zip Code 46311-1665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2021
Transaction ID : SA11A.295680
 Amount of Each Receipt this Period
 72.00
 Memo Item
 CONTRIBUTION

C. MIRICK, GLORIA, L, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1311 ALGUNO RD
 City AUSTIN State TX Zip Code 78757-3413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2021
Transaction ID : SA11A.295691
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	222.00
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 48 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. MOJSA, TERESA, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11001 62ND DR APT 11F

City FOREST HILLS	State NY	Zip Code 11375-1203
----------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.295718

Amount of Each Receipt this Period
90.00

Memo Item
CONTRIBUTION

B. MURRAY, RICHARD, M, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 PARK AVE

City READING	State MA	Zip Code 01867-3548
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.295815

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

C. MYERS, FRANKLIN, J, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 417 COCKLIN ST

City MECHANICSBURG	State PA	Zip Code 17055-6619
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
301.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.295822

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	265.00
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 49 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. NAUGHTON, MARY, THERESA, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9453 RIDGE BLVD APT 1A

City BROOKLYN	State NY	Zip Code 11209-6759
------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.295845

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. NEAL, GORDON, G, COL, USAF RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6983 PEACE PIPE CT

City RENO	State NV	Zip Code 89511-5676
--------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.295848

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

C. NEELEY, RHEJEANNE, B, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 371 PIKE RD

City SAN ANTONIO	State TX	Zip Code 78209-3116
---------------------	-------------	------------------------

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

Name of Employer (for Individual) VARIOUS	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
415.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.295853

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	110.00
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 50 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. NISENOFF, ELAINE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6637 ROYER AVE
 City WEST HILLS State CA Zip Code 91307-3507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295896
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. NITSCHKE, JANET, J, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25392 162ND RD
 City CAMBRIDGE State KS Zip Code 67023-9343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295899
 Amount of Each Receipt this Period 300.00
 Memo Item
 CONTRIBUTION

C. NORTH, BETTIE, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3348 FELIX AVE
 City SIMI VALLEY State CA Zip Code 93063-1043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RETIRED RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295915
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION

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 51 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. NYSTROM, DOROTHY, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 S FRANCISCA AVE APT 105
 City REDONDO BEACH State CA Zip Code 90277-3375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295934
 Amount of Each Receipt this Period 45.00
 Memo Item CONTRIBUTION

B. NYSTROM, DOROTHY, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 S FRANCISCA AVE APT 105
 City REDONDO BEACH State CA Zip Code 90277-3375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295935
 Amount of Each Receipt this Period 45.00
 Memo Item CONTRIBUTION

C. O'CONNOR, JAMES, K, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 280 JUANITA LN
 City NEW BERN State NC Zip Code 28560-8208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295947
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	290.00
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 52 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. OBORNY, PAUL, , FR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6900 E 45TH ST N APT F-4
 City BEL AIRE State KS Zip Code 67226-8899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 352.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295940
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. OBORNY, PAUL, , FR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6900 E 45TH ST N APT F-4
 City BEL AIRE State KS Zip Code 67226-8899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 352.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295941
 Amount of Each Receipt this Period 20.00
 Memo Item CONTRIBUTION

C. ORRADRE, MICHEL, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 67100 SARGENTS RD
 City SAN ARDO State CA Zip Code 93450-8901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RANCHER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1067.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.295978
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	420.00
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 53 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. OSTERGAARD, PAUL, C, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2415 LOOKOUT MOUNTAIN RD

City FALLBROOK	State CA	Zip Code 92028-8374
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.295986

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. OWEN, TOFIE, M, COL, JR RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9110 BELVOIR WOODS PKWY APT 414

City FORT BELVOIR	State VA	Zip Code 22060-2720
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296000

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. PECK, VELMA, ETHEL, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22336 MOBILE ST

City WOODLAND HILLS	State CA	Zip Code 91303-2426
------------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
415.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296081

Amount of Each Receipt this Period
120.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	220.00
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 54 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. PEPPER, ARTHUR, D, MR, III CPA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12782 MARICOPA WAY
 City JACKSONVILLE State FL Zip Code 32246-1003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARTHUR D. PEPPER III C. P. A. Occupation (for Individual) TAX ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.296086
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. PETERSON, MARY, L, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 GROUSE AVE
 City LITITZ State PA Zip Code 17543-2422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TMB Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.296118
 Amount of Each Receipt this Period 180.00
 Memo Item
 CONTRIBUTION

C. PEYTON, WILLIAM, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9228 E STATE ROAD 42
 City RAGO State KS Zip Code 67142-9533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.296124
 Amount of Each Receipt this Period 65.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	295.00
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 55 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. PFEIFER, CAROLYN, B, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7570 WINDING WAY

City TIPP CITY	State OH	Zip Code 45371-9239
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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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
10		31		2021

Transaction ID : SA11A.296126

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

B. PHILLIPS, MARGARITA, G, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 912 LINWOOD TER

City LUTZ	State FL	Zip Code 33549-5724
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
453.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296134

Amount of Each Receipt this Period
62.00

Memo Item CONTRIBUTION

C. POOLE, GLENN, E, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6117 38TH AVE W

City BRADENTON	State FL	Zip Code 34209-7610
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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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
10		31		2021

Transaction ID : SA11A.296183

Amount of Each Receipt this Period
50.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	362.00
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 56 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. POTTER, ELIZABETH, M, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 137 ALEXANDER DR

City SEGUIN	State TX	Zip Code 78155-9703
----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2021

Transaction ID : SA11A.296192

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

B. PRADO, JORGE, A, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 630 W VALENCIA MESA DR

City FULLERTON	State CA	Zip Code 92835-4004
-------------------	-------------	------------------------

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

Name of Employer (for Individual) ONE	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2021

Transaction ID : SA11A.296200

Amount of Each Receipt this Period
102.00

Memo Item CONTRIBUTION

C. PRAEGER, DOROTHY, A, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 59 SAN BENITO WAY

City SAN FRANCISCO	State CA	Zip Code 94127-1501
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2021

Transaction ID : SA11A.296201

Amount of Each Receipt this Period
50.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	252.00
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 57 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. PURDON, THOMAS, F, DR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8550 W CONTINENTAL DR APT 151
 City PEORIA State AZ Zip Code 85382-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.296228
 Amount of Each Receipt this Period 75.00
 Memo Item CONTRIBUTION

B. RAINIER, NELSON, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 NEW CASTLE DR
 City SOUTHAMPTON State NJ Zip Code 08088-1241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.296259
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. REHDER, ORVILLE, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3861 CLEVELAND AVE
 City HAWARDEN State IA Zip Code 51023-7413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.296307
 Amount of Each Receipt this Period 80.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	205.00
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 58 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. REPSOLD, CORINNE, A, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 674 SE 38TH DR

City GRESHAM	State OR	Zip Code 97080-8460
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 31 / 2021
Transaction ID : SA11A.296327

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

B. RHODES, DOROTHY, LOUISE, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 918 ARMSTRONG AVE

City HAGERSTOWN	State MD	Zip Code 21740-7104
--------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
10 / 31 / 2021
Transaction ID : SA11A.296337

Amount of Each Receipt this Period
80.00

Memo Item
CONTRIBUTION

C. RICE, STEPHEN, L, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2323 MCINGVALE RD APT 607

City HERNANDO	State MS	Zip Code 38632-8779
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
380.00

Date of Receipt
10 / 31 / 2021
Transaction ID : SA11A.296340

Amount of Each Receipt this Period
60.00

Memo Item
CONTRIBUTION

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. RICHTER, JANET, L, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 VAUTRIN AVE

City HOLTSVILLE	State NY	Zip Code 11742-1624
--------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296353

Amount of Each Receipt this Period
80.00

Memo Item
CONTRIBUTION

B. RIGBY, PHYLLIS, H, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 36

City SCIO	State NY	Zip Code 14880-0036
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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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
10		31		2021

Transaction ID : SA11A.296366

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

C. RISIUS, BARBARA, F, DR, M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2202 ACACIA PARK DR APT 2518

City CLEVELAND	State OH	Zip Code 44124-3868
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) RETIRED PHYSICIAN
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296380

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	620.00
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 60 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. RODGERS, STEPHEN, A, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 11902

City RENO	State NV	Zip Code 89510-1902
--------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296421

Amount of Each Receipt this Period
60.00

Memo Item
CONTRIBUTION

B. ROGERS, ERNEST, E, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 81

City JASPER	State TX	Zip Code 75951-0032
----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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
10		31		2021

Transaction ID : SA11A.296431

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. ROGERS, PHOEBE, JO, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9722 DOVE SHADOW

City SAN ANTONIO	State TX	Zip Code 78230-4080
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
323.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296428

Amount of Each Receipt this Period
124.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	434.00
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 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. ROLLINS, C, REED, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11705 EVENING WALK DR UNIT 273

City BRADENTON	State FL	Zip Code 34211-9517
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296436

Amount of Each Receipt this Period
50.00

Memo Item CONTRIBUTION

B. RUBSCHLAGER, JOAN, S, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 N MICHIGAN AVE APT 5902

City CHICAGO	State IL	Zip Code 60611-2160
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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
10		31		2021

Transaction ID : SA11A.296477

Amount of Each Receipt this Period
200.00

Memo Item CONTRIBUTION

C. RUMINER, RONALD, C, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 623 MELS DR

City EVANSVILLE	State IN	Zip Code 47712-9684
--------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
---	--

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
10		31		2021

Transaction ID : SA11A.296483

Amount of Each Receipt this Period
30.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	280.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. RUNOWSKI, DONALD, J, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 720981

City SAN DIEGO	State CA	Zip Code 92172-0981
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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
10		31		2021

Transaction ID : SA11A.296488

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. RYAN, THOMAS, R, MR, TTEE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21246 PACIFIC COAST HWY

City MALIBU	State CA	Zip Code 90265-5221
----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296497

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. SACCANY, RICHARD, J, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7600 E CALEY AVE APT 914

City ENGLEWOOD	State CO	Zip Code 80111-6778
-------------------	-------------	------------------------

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

Name of Employer (for Individual) STANTEC CONSULTING	Occupation (for Individual) MINING ENGINEER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296500

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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 63 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. SALLWASSER, STEVEN, V, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4281 IRON MOUNTAIN BLF

City ARNOLD	State MO	Zip Code 63010-4365
----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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
10		31		2021

Transaction ID : SA11A.296507

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. SARABASA, ALBERT, G, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 321 GEORGIA AVE

City LONGWOOD	State FL	Zip Code 32750-4315
------------------	-------------	------------------------

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

Name of Employer (for Individual) DA BUILDING SERVICES INC	Occupation (for Individual) CBO PRESIDENT
---	--

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
10		31		2021

Transaction ID : SA11A.296520

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. SCHAIBLE, SHARON, I, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 227 REDDING RD

City GEORGETOWN	State KY	Zip Code 40324-2623
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296550

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 64 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. SCHARBECK, HERBERT, F, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 MILLSTONE RD

City RANDALLSTOWN	State MD	Zip Code 21133-1535
----------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
244.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296554

Amount of Each Receipt this Period
42.00

Memo Item
CONTRIBUTION

B. SCHEID, CAROL, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1002 OLD DENBIGH BLVD APT 311

City NEWPORT NEWS	State VA	Zip Code 23602-2061
----------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296560

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. SCHLOREDT, BARBARA, I, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8302 8TH AVE NW

City SEATTLE	State WA	Zip Code 98117-3219
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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
10		31		2021

Transaction ID : SA11A.296566

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	292.00
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 65 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. SCHROEDER, FREDERIC, J, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 919 POTOMAC DR
 City CHOCOWINITY State NC Zip Code 27817-8845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.296584
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. SCHULZ, MAE, P, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3319 S 67TH ST
 City MILWAUKEE State WI Zip Code 53219-4221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.296598
 Amount of Each Receipt this Period 80.00
 Memo Item CONTRIBUTION

C. SCHWER, CHESTER, ARTHUR, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 127
 City KINGWOOD State WV Zip Code 26537-0127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.296869
 Amount of Each Receipt this Period 150.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	480.00
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 66 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. SCOTT, PEARL, M, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17580 S CANAAN RD

City ATHENS	State OH	Zip Code 45701-8828
----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296876

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

B. SCRIPPS, JEAN, W, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7450 OLIVETAS AVE OFC

City LA JOLLA	State CA	Zip Code 92037-4900
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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
10		31		2021

Transaction ID : SA11A.296881

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

C. SCULL, PATRICK, C, MR, TTEE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6454 STONE BRIDGE RD

City SANTA ROSA	State CA	Zip Code 95409-5852
--------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
302.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296882

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	225.00
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 67 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. SCULLY, WILLIAM, P, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 771 MANATEE CV

City VERO BEACH	State FL	Zip Code 32963-3730
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

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
10		31		2021

Transaction ID : SA11A.296883

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

B. SEBESTA, CHARLES, F, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4817 GIRARD RD

City PITTSBURGH	State PA	Zip Code 15227-1438
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296888

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

C. SECKINGER, TROY, E, MR, USMC RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 329 ROBIN CT

City BURLESON	State TX	Zip Code 76028-5324
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
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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
10		31		2021

Transaction ID : SA11A.296889

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2285.00
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 68 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. SEGUINE, ARLENE, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 ARTHUR ST
 City YONKERS State NY Zip Code 10701-1505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.296894
 Amount of Each Receipt this Period 150.00
 Memo Item CONTRIBUTION

B. SHAFF, WAYNE, V, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5419 SAINT ANDREWS DR
 City SALISBURY State MD Zip Code 21801-2466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.296923
 Amount of Each Receipt this Period 102.00
 Memo Item CONTRIBUTION

C. SHEAR, ELLEN, R, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W175N8047 ROBIN CIR
 City MENOMONEE FALLS State WI Zip Code 53051-3677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.296937
 Amount of Each Receipt this Period 120.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	372.00
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 69 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. SHUMAN, PATRICIA, A, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1232 VIA PORTOVECCHIO

City SAN MARCOS	State CA	Zip Code 92078-5290
--------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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
10		31		2021

Transaction ID : SA11A.296999

Amount of Each Receipt this Period
90.00

Memo Item
CONTRIBUTION

B. SINGSTOCK, MARY, C, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5731 COUNTY RD S

City OSHKOSH	State WI	Zip Code 54904-7040
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296999

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

C. SMITH, JUNE, C, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1847 ORTH RD

City CALEDONIA	State IL	Zip Code 61011-9742
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.297057

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	200.00
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 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. SMITH, KENNETH, E, DR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9225 E TANQUE VERDE RD APT 45202

City TUCSON	State AZ	Zip Code 85749-7796
----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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
10		31		2021

Transaction ID : SA11A.297048

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

B. SODEMAN, STEVEN, N, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42050 737TH AVE

City SAINT JAMES	State MN	Zip Code 56081-4547
---------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) 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
10		31		2021

Transaction ID : SA11A.297079

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. SOTOK, FREDERICK, A, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1398 WAUKAZOO DR

City HOLLAND	State MI	Zip Code 49424-2690
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
---	--

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
10		31		2021

Transaction ID : SA11A.297095

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	380.00
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 71 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. SOTTILE, ANTHONY, V, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 665 COLLEGE AVE
 City STATEN ISLAND State NY Zip Code 10302-2412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JPMC Occupation (for Individual) BANK OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.297098
 Amount of Each Receipt this Period 22.00
 Memo Item
 CONTRIBUTION

B. SPELLECY, ROSALIE, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 MCDOUGALL AVE
 City HORNELL State NY Zip Code 14843-1922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.297113
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION

C. SPURGEON, CHARLES, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10940 W MOUNT HEALTHY RD
 City COLUMBUS State IN Zip Code 47201-9151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.297124
 Amount of Each Receipt this Period 120.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	152.00
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 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. STALEY, ELIZABETH, K, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2288 PREISMAN DR
 City SCHENECTADY State NY Zip Code 12309-2714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.297133
 Amount of Each Receipt this Period 90.00
 Memo Item CONTRIBUTION

B. STAYER, LAURA, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1837 PLUMBAGO LN
 City NAPLES State FL Zip Code 34105-3060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.297148
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. STAYTON, CAROL, H, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 SILVER BEACH DR
 City STEILACOOM State WA Zip Code 98388-1506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYEDD Occupation (for Individual) HOMEMAKER/VOLUNTEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.297149
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	840.00
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 73 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. STEVENS, VERNON, L, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1901 SENECA AVE

City ENID	State OK	Zip Code 73703-6734
--------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
10 / 31 / 2021
Transaction ID : SA11A.297179

Amount of Each Receipt this Period
180.00

Memo Item
CONTRIBUTION

B. STONE, MARION, PYLE, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1824 W LIBERTY RD

City BETHANY	State WV	Zip Code 26032-4001
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5400.00

Date of Receipt
10 / 31 / 2021
Transaction ID : SA11A.297198

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. STRICKLAND, RICHARD, L, MR, JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52 HUMMINGBIRD LN

City MC RAE	State GA	Zip Code 31055-3823
----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 31 / 2021
Transaction ID : SA11A.297215

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1430.00
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 74 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. SULLIVAN, BEVERLY, P, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1325 COCONINO RD UNIT 208
 THE BEVERLY SULLIVAN TRUST
 City AMES State IA Zip Code 50014-7921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 290.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.297235
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. SULLIVAN, EVELYN, E, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5420 SAN PATRICIO DR
 City SANTA BARBARA State CA Zip Code 93111-1455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.297239
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. SVENDSEN, TERRI, , MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 BRANDONWOOD DR
 City O FALLON State IL Zip Code 62269-1207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.297253
 Amount of Each Receipt this Period 40.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	100.00
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 75 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. SWAN, LYNNE, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 918 LIVE OAK TRL NE

City CLEVELAND	State TN	Zip Code 37323-5537
-------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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
10		31		2021

Transaction ID : SA11A.297256

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. SWEAZY, CAROLYN, N, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 133 HEARTLAND DR APT 202

City ELIZABETHTOWN	State KY	Zip Code 42701-3808
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) BULLITT CO. BD. ED.	Occupation (for Individual) RETIRED SCHOOL LIBRARIAN
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1155.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.297261

Amount of Each Receipt this Period
770.00

Memo Item
CONTRIBUTION

C. SZCZECKO, JOSEPH, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 335 W PONCE DE LEON AVE UNIT 515

City DECATUR	State GA	Zip Code 30030-2457
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
---	--

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
10		31		2021

Transaction ID : SA11A.297275

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1070.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. TABB, MARVIN, N, MR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16440 KELLY COVE DR APT 2813

City FORT MYERS	State FL	Zip Code 33908-3119
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2021
Transaction ID : SA11A.297277

Amount of Each Receipt this Period
 200.00

Memo Item
 CONTRIBUTION

B. TAYLOR, DORIS, CEDENO, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 51931

City PACIFIC GROVE	State CA	Zip Code 93950-6931
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 224.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2021
Transaction ID : SA11A.297314

Amount of Each Receipt this Period
 44.00

Memo Item
 CONTRIBUTION

C. TEAL, BEVERLY, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1694 TUCKER RD

City CLEMMONS	State NC	Zip Code 27012-9719
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2021
Transaction ID : SA11A.297319

Amount of Each Receipt this Period
 250.00

Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	494.00
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 77 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. TEUFEL, MARK, R, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1551 W 54TH ST

City ERIE	State PA	Zip Code 16509-2648
--------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.297331

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

B. TILLET, DANIEL, J, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1318 HIAWATHA DR

City VIRGINIA BEACH	State VA	Zip Code 23464-6152
------------------------	-------------	------------------------

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

Name of Employer (for Individual) DAV	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.297377

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

C. TILLET, DANIEL, J, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1318 HIAWATHA DR

City VIRGINIA BEACH	State VA	Zip Code 23464-6152
------------------------	-------------	------------------------

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

Name of Employer (for Individual) DAV	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.297378

Amount of Each Receipt this Period
60.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	285.00
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 78 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. TORLUCCI, MARGARET, A, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 CHAMBORD CT

City MANCHESTER TOWNSHI	State NJ	Zip Code 08759-6153
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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
10		31		2021

Transaction ID : SA11A.297407

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. TOTH, LES, A, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2700 NW PINEHURST DR

City MCMINNVILLE	State OR	Zip Code 97128-2478
---------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
302.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.297410

Amount of Each Receipt this Period
302.00

Memo Item
CONTRIBUTION

C. TSCHETTER, NANCY, E, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22907 FLUME LN

City RAPID CITY	State SD	Zip Code 57702-8509
--------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.297435

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	427.00
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 79 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. TUCK, CHARLES, C, MR, TTEE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 44860 AUDUBON SQ APT 427

City ASHBURN	State VA	Zip Code 20147-6312
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
457.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.297437

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

B. TURHOLM, MICHAEL, D, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3510 COLLIER LN

City KLAMATH FALLS	State OR	Zip Code 97603-9643
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.297444

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

C. U'REN, THOMAS, J, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 411

City FAIRFAX	State MN	Zip Code 55332-0411
-----------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.297475

Amount of Each Receipt this Period
50.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	650.00
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 80 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. VAN COTT, ELEANOR, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 LA LITA LN
 City SANTA BARBARA State CA Zip Code 93105-1916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.297484
 Amount of Each Receipt this Period 80.00
 Memo Item CONTRIBUTION

B. VAN SCHAICK, GEORGE, S, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 VALLEYVIEW AVE
 City SCHENECTADY State NY Zip Code 12306-9719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.297496
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. VAN ZANTEN, ALBERT, G, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 STOUTENBURGH LN
 City PITTSFORD State NY Zip Code 14534-2366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.297497
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	380.00
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 81 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. VANCE, DIANE, M, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 207 ADAMS POINTE BLVD UNIT 8

City MARS	State PA	Zip Code 16046-4635
--------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.297499

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. VODOVNIK, RAYMOND, F, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 631 DANBURY ST

City THE VILLAGES	State FL	Zip Code 32162-4306
----------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.297549

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

C. WALD, BRUNHILDE, , MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12291 MELLOWOOD DR

City SARATOGA	State CA	Zip Code 95070-3428
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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
10		31		2021

Transaction ID : SA11A.297587

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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 82 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. WANTIN, REINO, I, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2810 SUSIE LN

City SAN CARLOS	State CA	Zip Code 94070-4343
--------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
825.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296620

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

B. WARD, JOHN, R, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2795 AQUA CT

City PUNTA GORDA	State FL	Zip Code 33950-5022
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296621

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. WELCH, GERALD, A, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14131 92ND ST SE

City SNOHOMISH	State WA	Zip Code 98290-9029
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296670

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	450.00
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 83 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. WELLS, NORMAN, S, COL, USA RET

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

Mailing Address 5707 9TH RD N

City ARLINGTON	State VA	Zip Code 22205-1307
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296680

Amount of Each Receipt this Period
60.00

Memo Item CONTRIBUTION

B. WELLS, NORMAN, S, COL, USA RET

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

Mailing Address 5707 9TH RD N

City ARLINGTON	State VA	Zip Code 22205-1307
-------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296681

Amount of Each Receipt this Period
50.00

Memo Item CONTRIBUTION

C. WHIPPLE, JOHN, L, MR, JR

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

Mailing Address 5040 S YUMA CT

City INDEPENDENCE	State MO	Zip Code 64055-6983
----------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) RETIRED DENTIST
---	--

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
10		31		2021

Transaction ID : SA11A.296712

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	360.00
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 84 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. WIESE, JEFFREY, L, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2500 GREENCASTLE CT

City OXNARD	State CA	Zip Code 93035-2901
----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.296739

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. WIESTER, GEORGIA, S, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7760 SANTA ROSA RD

City BUELLTON	State CA	Zip Code 93427-9421
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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
10		31		2021

Transaction ID : SA11A.296741

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. WILKINSON, STEVEN, V, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 297

City LAND O LAKES	State WI	Zip Code 54540-0297
----------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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
10		31		2021

Transaction ID : SA11A.296751

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

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 85 OF 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. WILLIAMS, JOHN, C, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 770 SWEETBRIER RD

City MEMPHIS	State TN	Zip Code 38120-4122
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CONVEYORMAN INC.	Occupation (for Individual) ENGINEER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2021

Transaction ID : SA11A.296759

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. WILSON, ANTHONY, T, MR, TTEE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2062 SPYGLASS TRL E

City OXNARD	State CA	Zip Code 93036-2763
----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2021

Transaction ID : SA11A.296794

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

C. WILSON, MARGARET, A, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 2230

City EDGEWOOD	State NM	Zip Code 87015-2230
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2021

Transaction ID : SA11A.296784

Amount of Each Receipt this Period
375.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	675.00
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 86 OF 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. WOODSMALL, GLENDA, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 SHADOWBROOK DR
 City POPLAR BLUFF State MO Zip Code 63901-8753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.296844
 Amount of Each Receipt this Period 1.00
 Memo Item CONTRIBUTION

B. WOODSMALL, GLENDA, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 SHADOWBROOK DR
 City POPLAR BLUFF State MO Zip Code 63901-8753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.296845
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. YERINA, THOMAS, E, MR, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 SANCHEZ WAY
 City HOT SPRINGS State AR Zip Code 71909-7702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2021
Transaction ID : SA11A.297630
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	351.00
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 87 OF 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. ZELLMER, ARTHUR, K, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 325

City DAVENPORT	State WA	Zip Code 99122-0325
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ART& LINDA ZELLMER.INC.	Occupation (for Individual) FARMER
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : SA11A.297661

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. ZIEGLER, THOMAS, W, MR, JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 905 THOMPSON CIR NW

City WINTER HAVEN	State FL	Zip Code 33881-2359
----------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

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
10		31		2021

Transaction ID : SA11A.297665

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	35571.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. AMORIN, KELLY, , ,		Date of Disbursement MM / DD / YYYY 10 / 15 / 2021
Mailing Address 13505 Colesmire Gate Way		FEC Identification Number C [] Transaction ID : 7085 Amount of Each Disbursement this Period [] 1500.00
City Bristow	State VA	Zip Code 20136
Purpose of Disbursement Consulting		Category/ Type []
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:	<input type="checkbox"/> Memo Item Consulting for FEC Compliance Reporting	

Full Name (Last, First, Middle Initial) B. AMORIN, KELLY, , ,		Date of Disbursement MM / DD / YYYY 10 / 15 / 2021
Mailing Address 13505 Colesmire Gate Way		FEC Identification Number C [] Transaction ID : 7086 Amount of Each Disbursement this Period [] 50.00
City Bristow	State VA	Zip Code 20136
Purpose of Disbursement Accounting		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. AMORIN, KELLY, , ,		Date of Disbursement MM / DD / YYYY 10 / 15 / 2021
Mailing Address 13505 Colesmire Gate Way		FEC Identification Number C [] Transaction ID : 7087 Amount of Each Disbursement this Period [] 626.09
City Bristow	State VA	Zip Code 20136
Purpose of Disbursement Postage		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2176.09
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. AMORIN, KELLY, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 13505 Colesmire Gate Way

City Bristow State VA Zip Code 20136

Purpose of Disbursement OFFICE EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 10 / 15 / 2021

FEC Identification Number C

Transaction ID : 7089

Amount of Each Disbursement this Period 233.52

Memo Item Costs associated with thank you letters to donors

B. FARRELL, LAUREN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1963 Shepherdstown Pike

City Harpers Ferry State WV Zip Code 25425

Purpose of Disbursement Fundraising Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 10 / 15 / 2021

FEC Identification Number C

Transaction ID : 7093

Amount of Each Disbursement this Period 300.00

Memo Item

C. Ryun, Jim, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 132 D Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 10 / 15 / 2021

FEC Identification Number C

Transaction ID : 7092

Amount of Each Disbursement this Period 5000.00

Memo Item Fundraising and Direct Mail Program Oversight

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5533.52

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

Full Name (Last, First, Middle Initial) A. RYUN, NED, , ,		Date of Disbursement MM / DD / YYYY 10 / 15 / 2021
Mailing Address 38082 Snickersville Turnpike		FEC Identification Number C [REDACTED]
City Purcellville	State VA	Zip Code 20132
Purpose of Disbursement Consulting	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 3000.00	
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) ▼	<input type="checkbox"/> Fundraising and Direct Mail Program <input type="checkbox"/> Memo Item Program
State: District:		

Full Name (Last, First, Middle Initial) B. BB&T-Truist		Date of Disbursement MM / DD / YYYY 10 / 21 / 2021
Mailing Address 120 North Maple Avenue		FEC Identification Number C [REDACTED]
City Purcellville	State VA	Zip Code 20132
Purpose of Disbursement BANK FEES	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 120.00	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. CDMI		Date of Disbursement MM / DD / YYYY 10 / 15 / 2021
Mailing Address 1593 SPRING HILL ROAD SUITE 400		FEC Identification Number C [REDACTED]
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement Web Service	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 2000.00	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

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

[REDACTED] 5120.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. DIRECT MAIL FUNDRAISING

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 13755 SUNRISE VALLEY DR STE 450

M M M	/	D D D	/	Y Y Y Y Y
10		07		2021

City
HERNDON

State
VA

Zip Code
20171-4682

FEC Identification Number

Purpose of Disbursement
PAC POSTAGE

C

Candidate Name

Category/
Type

Transaction ID : SB21B.I9205

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

5000.00

State: District:

Memo Item

B. DIRECT MAIL FUNDRAISING

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 13755 SUNRISE VALLEY DR STE 450

M M M	/	D D D	/	Y Y Y Y Y
10		14		2021

City
HERNDON

State
VA

Zip Code
20171-4682

FEC Identification Number

Purpose of Disbursement
PAC POSTAGE

C

Candidate Name

Category/
Type

Transaction ID : SB21B.I9207

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

32428.20

State: District:

Memo Item

C. DIRECT MAIL FUNDRAISING

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 13755 SUNRISE VALLEY DR STE 450

M M M	/	D D D	/	Y Y Y Y Y
10		21		2021

City
HERNDON

State
VA

Zip Code
20171-4682

FEC Identification Number

Purpose of Disbursement
PAC POSTAGE

C

Candidate Name

Category/
Type

Transaction ID : SB21B.I9211

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

8205.93

State: District:

Memo Item

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

45634.13

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. FIRST VIRGINIA COMMUNITY BANK			Date of Disbursement MM / DD / YYYY 10 / 04 / 2021	
Mailing Address 11325 RANDOM HILLS RD STE 240			FEC Identification Number C [REDACTED] Transaction ID : SB21B.I9202 Amount of Each Disbursement this Period [REDACTED] 237.76	
City FAIRFAX	State VA	Zip Code 22030-6068	Category/Type [REDACTED]	
Purpose of Disbursement PAC BANK FEES			Memo Item <input type="checkbox"/>	
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:				

Full Name (Last, First, Middle Initial) B. FULFILLMENT SOLUTIONS, INC.			Date of Disbursement MM / DD / YYYY 10 / 28 / 2021	
Mailing Address 44970 FALCON PLACE SUITE 400			FEC Identification Number C [REDACTED] Transaction ID : SB21B.I9213 Amount of Each Disbursement this Period [REDACTED] 12530.23	
City STERLING	State VA	Zip Code 20166	Category/Type [REDACTED]	
Purpose of Disbursement PRINTING			Memo Item <input type="checkbox"/>	
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:				

Full Name (Last, First, Middle Initial) C. GLOBAL PAYMENTS INC			Date of Disbursement MM / DD / YYYY 10 / 04 / 2021	
Mailing Address 10705 RED RUN BLVD			FEC Identification Number C [REDACTED] Transaction ID : SB21B.I9203 Amount of Each Disbursement this Period [REDACTED] 514.32	
City OWINGS MILLS	State MD	Zip Code 21117-5134	Category/Type [REDACTED]	
Purpose of Disbursement PAC CC TRANSACTION FEES			Memo Item <input type="checkbox"/>	
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 13282.31
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 13755 SUNRISE DR
SUITE 450

City
HERNDON

State
VA

Zip Code
20171

Purpose of Disbursement
PAC CREATIVE FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I9210

Amount of Each Disbursement this Period

[REDACTED] 1609.88

Memo Item

Full Name (Last, First, Middle Initial)

B. IMAGE DIRECT

Mailing Address 4600 WEDGEWOOD BLVD UNIT N

City
FREDERICK

State
MD

Zip Code
21703

Purpose of Disbursement
PAC POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I9206

Amount of Each Disbursement this Period

[REDACTED] 8187.24

Memo Item

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 POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I9208

Amount of Each Disbursement this Period

[REDACTED] 1432.46

Memo Item

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

[REDACTED] 11229.58

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 4600 WEDGEWOOD BLVD UNIT N

City FREDERICK State MD Zip Code 21703

Purpose of Disbursement
PAC PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2021

FEC Identification Number

C
Transaction ID : SB21B.I9214
Amount of Each Disbursement this Period
9334.51

Memo Item

Full Name (Last, First, Middle Initial)

B. INTEGRAM

Mailing Address 8421 HILLTOP RD

City FAIRFAX State VA Zip Code 22031-4301

Purpose of Disbursement
DIRECT MAIL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2021

FEC Identification Number

C
Transaction ID : SB21B.I9204
Amount of Each Disbursement this Period
52592.00

Memo Item

Full Name (Last, First, Middle Initial)

C. INVICTUS STRATEGIES

Mailing Address 38082 Snickersville Turnpike

City Purcellville State VA Zip Code 20132

Purpose of Disbursement
Fundraising Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2021

FEC Identification Number

C
Transaction ID : 7090
Amount of Each Disbursement this Period
1100.00

Memo Item

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

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

63026.51

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. RITE ENVELOPE & GRAPHICS INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2021

Mailing Address 250 BOOT ROAD

City DOWNINGTOWN State PA Zip Code 19335

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
PAC PRINTING

Transaction ID : SB21B.I9215

Candidate Name

Amount of Each Disbursement this Period

[REDACTED] 11405.02

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Memo Item

Full Name (Last, First, Middle Initial)

B. RST MARKETING ASSOCIATES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2021

Mailing Address 1272 CORPORATE PARK DR.

City FOREST State VA Zip Code 24551

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
PAC PRINTING

Transaction ID : SB21B.I9216

Candidate Name

Amount of Each Disbursement this Period

[REDACTED] 23027.13

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Memo Item

Full Name (Last, First, Middle Initial)

C. SUNRISE DATA SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2021

Mailing Address 13755 SUNRISE VALLEY DR STE 450

City HERNDON State VA Zip Code 20171-4682

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
PAC DIRECT MAIL

Transaction ID : SB21B.I9212

Candidate Name

Amount of Each Disbursement this Period

[REDACTED] 4901.93

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Memo Item

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

[REDACTED] 39334.08

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. SUNRISE DATA SERVICES

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 13755 SUNRISE VALLEY DR STE 450

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2021			

City
HERNDON

State
VA

Zip Code
20171-4682

FEC Identification Number

Purpose of Disbursement
PAC DIRECT MAIL

C

Transaction ID : SB21B.I9217
Amount of Each Disbursement this Period

Candidate Name

Category/
Type

191.18

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

B. UNITED STATES POSTAL OFFICE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 220 N HATCHER AVE

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2021			

City
PURCELLVILLE

State
VA

Zip Code
20132-3108

FEC Identification Number

Purpose of Disbursement
PAC SHIPPING

C

Transaction ID : SB21B.I9209
Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

C. WASHINGTON INTELLIGENCE BUREAU

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 4128 PEPSI PL

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2021			

City
CHANTILLY

State
VA

Zip Code
20151-1501

FEC Identification Number

Purpose of Disbursement
PAC CAGING & ESCROW

C

Transaction ID : SB21B.I9218
Amount of Each Disbursement this Period

Candidate Name

Category/
Type

9531.87

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

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

10223.05

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

195559.27

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Madison Project, Inc.

A. ANNA PAULINA LUNA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1201 GANDY BLVD NORTH
P.O. BOX 23064

M M M	/	D D D	/	Y Y Y Y Y
10		21		2021

City ST. PETERSBURG State FL Zip Code 33742

FEC Identification Number

Purpose of Disbursement
Direct Contribution

C

Candidate Name

Transaction ID : 7098
Amount of Each Disbursement this Period

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

5000.00

Memo Item
Primary Election

B. ANNA PAULINA LUNA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1201 GANDY BLVD NORTH
P.O. BOX 23064

M M M	/	D D D	/	Y Y Y Y Y
10		21		2021

City ST. PETERSBURG State FL Zip Code 33742

FEC Identification Number

Purpose of Disbursement
Direct Contribution

C

Candidate Name

Transaction ID : 7099
Amount of Each Disbursement this Period

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

5000.00

Memo Item
General Election

C. CORY MILLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 501 N ORLANDO AVENUE, STE 313
PMB 288

M M M	/	D D D	/	Y Y Y Y Y
10		21		2021

City WINTER PARK State FL Zip Code 32789

FEC Identification Number

Purpose of Disbursement
Direct Contribution

C

Candidate Name

Transaction ID : 7100
Amount of Each Disbursement this Period

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

5000.00

Memo Item
Primary Election

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

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. CORY MILLS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 21 / 2021
Mailing Address 501 N ORLANDO AVENUE, STE 313 PMB 288		FEC Identification Number C [REDACTED] Transaction ID : 7101 Amount of Each Disbursement this Period 5000.00 General Election
City WINTER PARK	State FL	Zip Code 32789
Purpose of Disbursement Direct Contribution		Category/ Type
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:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. HAGEMAN FOR WYOMING		Date of Disbursement MM / DD / YYYY 10 / 15 / 2021
Mailing Address P.O. BOX 4157		FEC Identification Number C [REDACTED] Transaction ID : 7096 Amount of Each Disbursement this Period 5000.00 Primary Election
City CHEYENNE	State WY	Zip Code 82003
Purpose of Disbursement Direct Contribution		Category/ Type
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:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. HAGEMAN FOR WYOMING		Date of Disbursement MM / DD / YYYY 10 / 21 / 2021
Mailing Address P.O. BOX 4157		FEC Identification Number C [REDACTED] Transaction ID : 7097 Amount of Each Disbursement this Period 5000.00 General Election
City CHEYENNE	State WY	Zip Code 82003
Purpose of Disbursement Direct Contribution		Category/ Type
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:	Memo Item <input type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. TEAM HERSCHEL		Date of Disbursement MM / DD / YYYY 10 / 21 / 2021
Mailing Address P.O. BOX 501707		FEC Identification Number C [] Transaction ID : 7094 Amount of Each Disbursement this Period 5000.00 Primary Election <input type="checkbox"/> Memo Item
City ATLANTA	State GA	Zip Code 31150
Purpose of Disbursement Direct Contribution		Category/ Type []
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:		

Full Name (Last, First, Middle Initial) B. TEAM HERSCHEL		Date of Disbursement MM / DD / YYYY 10 / 21 / 2021
Mailing Address P.O. BOX 501707		FEC Identification Number C [] Transaction ID : 7095 Amount of Each Disbursement this Period 5000.00 General Election <input type="checkbox"/> Memo Item
City ATLANTA	State GA	Zip Code 31150
Purpose of Disbursement Direct Contribution		Category/ Type []
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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY [] / [] / []
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period [] <input type="checkbox"/> Memo Item
City	State	Zip Code
Purpose of Disbursement		Category/ Type []
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	40000.00