

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

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| NAME OF COMMITTEE (In Full)<br><b>MADISON PROJECT INC.</b>   | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00298000 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> |  |

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|--|---|
| Full Name of Payee<br><b>MADISON PROJECT INC.</b>  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>07 / 23 / 2014  |
| Mailing Address<br>PO BOX 15179  | Amount<br><span style="border: 1px solid black; padding: 2px;">1.25</span>  |
| City State Zip Code<br>WASHINGTON DC 20003   | <b>Transaction ID : SE.295474</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>07 / 23 / 2014              |
| Purpose of Expenditure<br>CC TRANSACTION FEES  | Category/Type<br><span style="border: 1px solid black; padding: 2px;">001</span>  |
| Name of Federal Candidate<br>BARRY LOUDERMILK  | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate<br>District: 11 State: GA |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><span style="border: 1px solid black; padding: 2px;">15.00</span> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2014 <input checked="" type="checkbox"/> Other (specify) ▶   |

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| Full Name of Payee<br><b>MADISON PROJECT INC.</b>  | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>07 / 16 / 2014  |
| Mailing Address<br>PO BOX 15179  | Amount<br><span style="border: 1px solid black; padding: 2px;">1.25</span>  |
| City State Zip Code<br>WASHINGTON DC 20003   | <b>Transaction ID : SE.295471</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span><br>07 / 16 / 2014              |
| Purpose of Expenditure<br>CC TRANSACTION FEES  | Category/Type<br><span style="border: 1px solid black; padding: 2px;">001</span>  |
| Name of Federal Candidate<br>ROBERT EUGENE JOHNSON MD  | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate<br>District: 01 State: GA |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><span style="border: 1px solid black; padding: 2px;">26.75</span> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2014 <input checked="" type="checkbox"/> Other (specify) ▶   |

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|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <span style="border: 1px solid black; padding: 2px;">2.50</span> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <span style="border: 1px solid black; padding: 2px;"> </span>    |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <span style="border: 1px solid black; padding: 2px;"> </span>    |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*MR. PAULA KILGORE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2014