

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
MADISON PROJECT INC.
FEC IDENTIFICATION NUMBER
C C00298000
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
MADISON PROJECT INC.
Mailing Address PO BOX 15179
City WASHINGTON State DC Zip Code 20003
Purpose of Expenditure CC TRANSACTION FEES Category/Type 001
Name of Federal Candidate BARRY LOUDERMILK Support
Office Sought: House District: 11 State: GA
Calendar Year-To-Date Per Election for Office Sought 12.50
Disbursement For: Other (specify)

Full Name of Payee
MADISON PROJECT INC.
Mailing Address PO BOX 15179
City WASHINGTON State DC Zip Code 20003
Purpose of Expenditure CC TRANSACTION FEES Category/Type 001
Name of Federal Candidate ROBERT EUGENE JOHNSON MD Support
Office Sought: House District: 01 State: GA
Calendar Year-To-Date Per Election for Office Sought 25.50
Disbursement For: Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 38.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

MR. PAULA KILGORE [Electronically Filed] Date 07 / 18 / 2014
Signature