

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.

12FE4M5

ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE

ADDRESS (number and street)

PO BOX 2201

Check if different than previously reported. (ACC)

INDIANAPOLIS

IN

46206

2. **FEC IDENTIFICATION NUMBER**

C C00554121

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

IN

05

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)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer ALLEN RAY DAVIDSON

Signature of Treasurer ALLEN RAY DAVIDSON

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	122.93	122.93
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	122.93	122.93
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4277.56	4277.56
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4277.56	4277.56
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	4154.63	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	122.93	122.93
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	122.93	122.93
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	4154.63	4154.63
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	4154.63	4154.63
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4277.56	4277.56

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4277.56	4277.56
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4277.56	4277.56

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4277.56
25. SUBTOTAL (add Line 23 and Line 24).....	4277.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4277.56
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 24
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) ALLEN RAY DAVIDSON		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2013	
Mailing Address PO BOX 2201		Transaction ID : SA11D.4099	
City INDIANAPOLIS	State IN	Zip Code 46206	
FEC ID number of contributing federal political committee. C H4IN05112		Amount of Each Receipt this Period 4.59	
Name of Employer INDIANA DEPT OF TRANSPORTATION	Occupation ENGINEER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4.59		
		In-kind - Printer Paper	

Full Name (Last, First, Middle Initial) ALLEN RAY DAVIDSON		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2013	
Mailing Address PO BOX 2201		Transaction ID : SA11D.4101	
City INDIANAPOLIS	State IN	Zip Code 46206	
FEC ID number of contributing federal political committee. C H4IN05112		Amount of Each Receipt this Period 28.00	
Name of Employer INDIANA DEPT OF TRANSPORTATION	Occupation ENGINEER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 284.18		
		In-kind - Post Office Box Rental	

Full Name (Last, First, Middle Initial) ALLEN RAY DAVIDSON		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 10 / 2013	
Mailing Address PO BOX 2201		Transaction ID : SA11D.4103	
City INDIANAPOLIS	State IN	Zip Code 46206	
FEC ID number of contributing federal political committee. C H4IN05112		Amount of Each Receipt this Period 6.10	
Name of Employer INDIANA DEPT OF TRANSPORTATION	Occupation ENGINEER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 290.28		
		In-kind - Postage	

SUBTOTAL of Receipts This Page (optional).....	38.69
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
ALLEN RAY DAVIDSON

Mailing Address PO BOX 2201

City INDIANAPOLIS State IN Zip Code 46206

FEC ID number of contributing federal political committee. **C H4IN05112**

Name of Employer INDIANA DEPT OF TRANSPORTATION Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4019.48

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2013

Transaction ID : SA11D.4104

Amount of Each Receipt this Period
3.56

In-kind - Postage

B. Full Name (Last, First, Middle Initial)
ALLEN RAY DAVIDSON

Mailing Address PO BOX 2201

City INDIANAPOLIS State IN Zip Code 46206

FEC ID number of contributing federal political committee. **C H4IN05112**

Name of Employer INDIANA DEPT OF TRANSPORTATION Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4015.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2013

Transaction ID : SA11D.4105

Amount of Each Receipt this Period
18.18

In-kind - Office Supplies

C. Full Name (Last, First, Middle Initial)
ALLEN RAY DAVIDSON

Mailing Address PO BOX 2201

City INDIANAPOLIS State IN Zip Code 46206

FEC ID number of contributing federal political committee. **C H4IN05112**

Name of Employer INDIANA DEPT OF TRANSPORTATION Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3997.74

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2013

Transaction ID : SA11D.4106

Amount of Each Receipt this Period
0.46

In-kind - Postage

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

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

22.20

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) ALLEN RAY DAVIDSON		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2013	
Mailing Address PO BOX 2201		Transaction ID : SA11D.4107	
City INDIANAPOLIS	State IN	Zip Code 46206	Amount of Each Receipt this Period _____ 54.00 In-kind - Cell Phone Service
FEC ID number of contributing federal political committee.		C H4IN05112	
Name of Employer INDIANA DEPT OF TRANSPORTATION	Occupation ENGINEER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 4073.48		

Full Name (Last, First, Middle Initial) ALLEN RAY DAVIDSON		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2013	
Mailing Address PO BOX 2201		Transaction ID : SA11D.4122	
City INDIANAPOLIS	State IN	Zip Code 46206	Amount of Each Receipt this Period _____ 4.02 In-kind - Postage
FEC ID number of contributing federal political committee.		C H4IN05112	
Name of Employer INDIANA DEPT OF TRANSPORTATION	Occupation ENGINEER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 4077.50		

Full Name (Last, First, Middle Initial) ALLEN RAY DAVIDSON		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2013	
Mailing Address PO BOX 2201		Transaction ID : SA11D.4124	
City INDIANAPOLIS	State IN	Zip Code 46206	Amount of Each Receipt this Period _____ 4.02 In-kind - Postage
FEC ID number of contributing federal political committee.		C H4IN05112	
Name of Employer INDIANA DEPT OF TRANSPORTATION	Occupation ENGINEER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 4081.52		

SUBTOTAL of Receipts This Page (optional).....	_____ 62.04
TOTAL This Period (last page this line number only).....	_____ 122.93

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) ALLEN RAY DAVIDSON		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2013	
Mailing Address PO BOX 2201		Transaction ID : SA13A.4172	
City INDIANAPOLIS	State IN	Zip Code 46206	Amount of Each Receipt this Period _____ 85.59 In-kind - Printer, Samsung Xpress M2825DW
FEC ID number of contributing federal political committee. C H4IN05112			
Name of Employer INDIANA DEPT OF TRANSPORTATION	Occupation ENGINEER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 90.18		

Full Name (Last, First, Middle Initial) ALLEN RAY DAVIDSON		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2013	
Mailing Address PO BOX 2201		Transaction ID : SA13A.4173	
City INDIANAPOLIS	State IN	Zip Code 46206	Amount of Each Receipt this Period _____ 50.00 Loaned Asset - Desktop PC, Compaq Presario SR1211NX
FEC ID number of contributing federal political committee. C H4IN05112			
Name of Employer INDIANA DEPT OF TRANSPORTATION	Occupation ENGINEER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 140.18		

Full Name (Last, First, Middle Initial) ALLEN RAY DAVIDSON		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2013	
Mailing Address PO BOX 2201		Transaction ID : SA13A.4174	
City INDIANAPOLIS	State IN	Zip Code 46206	Amount of Each Receipt this Period _____ 60.00 Loaned Asset - LCD Monitor, Acer P191W
FEC ID number of contributing federal political committee. C H4IN05112			
Name of Employer INDIANA DEPT OF TRANSPORTATION	Occupation ENGINEER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 200.18		

SUBTOTAL of Receipts This Page (optional).....	_____ 195.59
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
ALLEN RAY DAVIDSON

Mailing Address PO BOX 2201

City INDIANAPOLIS State IN Zip Code 46206

FEC ID number of contributing federal political committee. **C H4IN05112**

Name of Employer INDIANA DEPT OF TRANSPORTATION Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.18

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2013

Transaction ID : SA13A.4175

Amount of Each Receipt this Period
 _____ 50.00

Loaned Asset - External Hard Drive, 500GB Capacity

B. Full Name (Last, First, Middle Initial)
ALLEN RAY DAVIDSON

Mailing Address PO BOX 2201

City INDIANAPOLIS State IN Zip Code 46206

FEC ID number of contributing federal political committee. **C H4IN05112**

Name of Employer INDIANA DEPT OF TRANSPORTATION Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 256.18

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2013

Transaction ID : SA13A.4176

Amount of Each Receipt this Period
 _____ 6.00

Loaned Asset - USB Flash Drive, 4GB Capacity

C. Full Name (Last, First, Middle Initial)
ALLEN RAY DAVIDSON

Mailing Address PO BOX 2201

City INDIANAPOLIS State IN Zip Code 46206

FEC ID number of contributing federal political committee. **C H4IN05112**

Name of Employer INDIANA DEPT OF TRANSPORTATION Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 330.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2013

Transaction ID : SA13A.4177

Amount of Each Receipt this Period
 _____ 40.00

Loaned Asset - Attache (brown with lockable latches)

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

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

_____ 96.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
ALLEN RAY DAVIDSON

Mailing Address PO BOX 2201

City INDIANAPOLIS State IN Zip Code 46206

FEC ID number of contributing federal political committee. **C H4IN05112**

Name of Employer INDIANA DEPT OF TRANSPORTATION Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 3997.28

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 16 / 2013

Transaction ID : SA13A.4178

Amount of Each Receipt this Period
 _____ 3667.00

Loaned Asset - 2003 Toyota Matrix

B. Full Name (Last, First, Middle Initial)
ALLEN RAY DAVIDSON

Mailing Address PO BOX 2201

City INDIANAPOLIS State IN Zip Code 46206

FEC ID number of contributing federal political committee. **C H4IN05112**

Name of Employer INDIANA DEPT OF TRANSPORTATION Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 4261.52

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 23 / 2013

Transaction ID : SA13A.4179

Amount of Each Receipt this Period
 _____ 180.00

Loaned Asset - Apple iPhone 4, unlocked

C. Full Name (Last, First, Middle Initial)
ALLEN RAY DAVIDSON

Mailing Address PO BOX 2201

City INDIANAPOLIS State IN Zip Code 46206

FEC ID number of contributing federal political committee. **C H4IN05112**

Name of Employer INDIANA DEPT OF TRANSPORTATION Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 4277.56

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 29 / 2013

Transaction ID : SA13A.4180

Amount of Each Receipt this Period
 _____ 16.04

In-kind - LCD Monitor, Dell 1704FPTt

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

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

_____ 3863.04

_____ 4154.63

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. ALLEN RAY DAVIDSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2013
Mailing Address PO BOX 2201		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.4194
City INDIANAPOLIS State IN Zip Code 46206	Purpose of Disbursement Loaned Asset - LCD Monitor, Acer P191W Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. ALLEN RAY DAVIDSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2013
Mailing Address PO BOX 2201		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.4195
City INDIANAPOLIS State IN Zip Code 46206	Purpose of Disbursement Loaned Asset - External Hard Drive, 500GB Capacity Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. ALLEN RAY DAVIDSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2013
Mailing Address PO BOX 2201		Amount of Each Disbursement this Period 6.00 Transaction ID : SB17.4196
City INDIANAPOLIS State IN Zip Code 46206	Purpose of Disbursement Loaned Asset - USB Flash Drive, 4GB Capacity Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	116.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. ALLEN RAY DAVIDSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address PO BOX 2201		Amount of Each Disbursement this Period 28.00 Transaction ID : SB17.4102
City INDIANAPOLIS State IN Zip Code 46206	Purpose of Disbursement In-kind - Post Office Box Rental 001 Category/Type	
Candidate Name ALLEN RAY DAVIDSON	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 05		

Full Name (Last, First, Middle Initial) B. ALLEN RAY DAVIDSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address PO BOX 2201		Amount of Each Disbursement this Period 6.10 Transaction ID : SB17.4112
City INDIANAPOLIS State IN Zip Code 46206	Purpose of Disbursement In-kind - Postage 001 Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 05		

Full Name (Last, First, Middle Initial) C. ALLEN RAY DAVIDSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address PO BOX 2201		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.4197
City INDIANAPOLIS State IN Zip Code 46206	Purpose of Disbursement Loaned Asset - Attache (brown with lockable latches) 001 Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 05		

SUBTOTAL of Disbursements This Page (optional).....	74.10
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. ALLEN RAY DAVIDSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address PO BOX 2201		Amount of Each Disbursement this Period 3667.00 Transaction ID : SB17.4198
City INDIANAPOLIS	State IN	
Purpose of Disbursement Loaned Asset - 2003 Toyota Matrix		Category/ Type 002
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 05	

Full Name (Last, First, Middle Initial) B. ALLEN RAY DAVIDSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2013
Mailing Address PO BOX 2201		Amount of Each Disbursement this Period 0.46 Transaction ID : SB17.4109
City INDIANAPOLIS	State IN	
Purpose of Disbursement In-kind - Postage		Category/ Type 001
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 05	

Full Name (Last, First, Middle Initial) C. ALLEN RAY DAVIDSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2013
Mailing Address PO BOX 2201		Amount of Each Disbursement this Period 18.18 Transaction ID : SB17.4110
City INDIANAPOLIS	State IN	
Purpose of Disbursement In-kind - Office Supplies		Category/ Type 001
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 05	

SUBTOTAL of Disbursements This Page (optional).....	3685.64
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. ALLEN RAY DAVIDSON			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2013		
Mailing Address PO BOX 2201			Amount of Each Disbursement this Period 3.56		
City INDIANAPOLIS	State IN	Zip Code 46206	Transaction ID : SB17.4111		
Purpose of Disbursement In-kind - Postage		Category/ Type 001			
Candidate Name					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: IN	District: 05				

Full Name (Last, First, Middle Initial) B. ALLEN RAY DAVIDSON			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013		
Mailing Address PO BOX 2201			Amount of Each Disbursement this Period 54.00		
City INDIANAPOLIS	State IN	Zip Code 46206	Transaction ID : SB17.4108		
Purpose of Disbursement In-kind - Cell Phone Service		Category/ Type			
Candidate Name					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: IN	District: 05				

Full Name (Last, First, Middle Initial) C. ALLEN RAY DAVIDSON			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013		
Mailing Address PO BOX 2201			Amount of Each Disbursement this Period 4.02		
City INDIANAPOLIS	State IN	Zip Code 46206	Transaction ID : SB17.4123		
Purpose of Disbursement In-kind - Postage		Category/ Type 001			
Candidate Name					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: IN	District: 05				

SUBTOTAL of Disbursements This Page (optional).....	61.58
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. ALLEN RAY DAVIDSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address PO BOX 2201		Amount of Each Disbursement this Period 4.02 Transaction ID : SB17.4125
City INDIANAPOLIS State IN Zip Code 46206	Purpose of Disbursement In-kind - Postage Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. ALLEN RAY DAVIDSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address PO BOX 2201		Amount of Each Disbursement this Period 180.00 Transaction ID : SB17.4199
City INDIANAPOLIS State IN Zip Code 46206	Purpose of Disbursement Loaned Asset - Apple iPhone 4, unlocked Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. ALLEN RAY DAVIDSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2013
Mailing Address PO BOX 2201		Amount of Each Disbursement this Period 16.04 Transaction ID : SB17.4200
City INDIANAPOLIS State IN Zip Code 46206	Purpose of Disbursement In-kind - LCD Monitor, Dell 1704FPT Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	200.06
TOTAL This Period (last page this line number only).....	4137.38

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE** Transaction ID : **SC/10.4172**

LOAN SOURCE Full Name (Last, First, Middle Initial) ALLEN RAY DAVIDSON	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 2201	

City	State	ZIP Code
INDIANAPOLIS	IN	46206

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
85.59	0.00	85.59

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 12	D 07	Y 2013	M M / D D / Y 12/31/2014	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	85.59
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE** Transaction ID : **SC/10.4173**

LOAN SOURCE Full Name (Last, First, Middle Initial) ALLEN RAY DAVIDSON	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 2201		

City	State	ZIP Code
INDIANAPOLIS	IN	46206

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50.00	0.00	50.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M 12 / D 07 / Y 2013	M / D / Y 12/31/2014	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	50.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE** Transaction ID : **SC/10.4174**

LOAN SOURCE Full Name (Last, First, Middle Initial) ALLEN RAY DAVIDSON	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 2201		

City	State	ZIP Code
INDIANAPOLIS	IN	46206

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60.00	0.00	60.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 12	D 07	Y 2013	M M / D D / Y 12/31/2014	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	60.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE** Transaction ID : **SC/10.4175**

LOAN SOURCE Full Name (Last, First, Middle Initial) **ALLEN RAY DAVIDSON** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 PO BOX 2201

City State ZIP Code
 INDIANAPOLIS IN 46206

Original Amount of Loan 50.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50.00
----------------------------------	------------------------------------	--

TERMS

Date Incurred M 12 / D 07 / Y 2013	Date Due M / D / Y 12/31/2014	Interest Rate 0.00 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	[] 50.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE** Transaction ID : **SC/10.4176**

LOAN SOURCE Full Name (Last, First, Middle Initial) ALLEN RAY DAVIDSON	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 2201		

City	State	ZIP Code
INDIANAPOLIS	IN	46206

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6.00	0.00	6.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 12	D 07	Y 2013	M M / D D / Y 12/31/2014	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="6.00"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE** Transaction ID : **SC/10.4177**

LOAN SOURCE Full Name (Last, First, Middle Initial) **ALLEN RAY DAVIDSON** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 PO BOX 2201

City State ZIP Code
 INDIANAPOLIS IN 46206

Original Amount of Loan 40.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40.00
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TERMS

Date Incurred M 12 / D 10 / Y 2013	Date Due M / D / Y 12/31/2014	Interest Rate 0.00 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	[] 40.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE** Transaction ID : **SC/10.4178**

LOAN SOURCE Full Name (Last, First, Middle Initial) **ALLEN RAY DAVIDSON** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 2201

City State ZIP Code
 INDIANAPOLIS IN 46206

Original Amount of Loan 3667.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3667.00
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TERMS

Date Incurred M 12 / D 16 / Y 2013	Date Due M / D / Y 12/31/2014	Interest Rate 0.00 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------	----------------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	[] 3667.00
TOTALS This Period (last page in this line only).....	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE** Transaction ID : **SC/10.4179**

LOAN SOURCE Full Name (Last, First, Middle Initial) ALLEN RAY DAVIDSON	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 2201		

City	State	ZIP Code
INDIANAPOLIS	IN	46206

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
180.00	0.00	180.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y 12 / 23 / 2013	M M / D D / Y Y Y Y 12/31/2014	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	180.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4180

ALLEN RAY DAVIDSON FOR CONGRESS COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial)

ALLEN RAY DAVIDSON

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 2201

City State ZIP Code
INDIANAPOLIS IN 46206

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
16.04 0.00 16.04

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 29 / Y 2013 M M / D D / Y 12/31/2014 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 16.04
TOTALS This Period (last page in this line only)..... ▶ 4154.63

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.