

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Brian Davis for Congress

ADDRESS (number and street) PO Box 1081

Check if different than previously reported. (ACC)

Rochester MN 55903

2. **FEC IDENTIFICATION NUMBER** C00435545

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

3. IS THIS REPORT NEW (N) OR AMENDED (A)

MN 01

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 11 04 2008 in the State of MN

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

General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

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 Lori M. Lillienberg

Signature of Treasurer Electronically Filed by Lori M. Lillienberg Date 12 04 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Brian Davis for Congress

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	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)).....	52810.50	759592.85
(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)).....	52810.50	759592.85
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	108393.62	621357.70
(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)).....	108393.62	621357.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	262165.13	
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).....	133276.50	

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
 Brian Davis for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

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).....

29475.00

517489.00

(ii) Unitemized.....

14307.00

97898.09

(iii) TOTAL of contributions

43782.00

615387.09

from individuals..... ▶

0.00

15000.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

7800.00

62800.00

(d) The Candidate.....

1228.50

66405.76

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

52810.50

759592.85

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

248000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

248000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

29.98

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

52810.50

1007622.83

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	108393.62	621357.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	124000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	124000.00
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	100.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	108393.62	745457.70

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	317748.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	52810.50
25. SUBTOTAL (add Line 23 and Line 24).....	370558.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	108393.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	262165.13

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 45
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
Craig J Ahrens
Mailing Address P.o. Box 246

City State Zip Code
Heron Lake MN 56137

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

Name of Employer Occupation
US Army Reserves Facilities Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.9500

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Kaled M Alektiar
Mailing Address 174 Cottage Road

City State Zip Code
Wyckoff NJ 07481

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

Name of Employer Occupation
Memorial Sloan Kettering Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.9132

Amount of Each Receipt this Period
300.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Philip A Araoz
Mailing Address 5182 Southwood Lane SW

City State Zip Code
Rochester MN 55902

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.9284

Amount of Each Receipt this Period
1000.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

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 6 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) William Baechler		Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address 526 Chestnut St.		Transaction ID: SA11AI.9609
	City Winona	State MN	Zip Code 55987
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Retired	Occupation Retired	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Roger Baer		Date of Receipt MM / DD / YYYY 10 / 07 / 2008
	Mailing Address 30271 County Road 109		Transaction ID: SA11AI.9352
	City Lewiston	State MN	Zip Code 55952
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Self	Occupation Farmer	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Jane Barry		Date of Receipt MM / DD / YYYY 10 / 14 / 2008
	Mailing Address 2960 Gale Road		Transaction ID: SA11AI.9160
	City Wayzata	State MN	Zip Code 55391
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1700.00
	Name of Employer Retired	Occupation Retired	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1700.00
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SUBTOTAL of Receipts This Page (optional)	▶	1775.00
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: PAGE 7 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)
Walter R Barry

Mailing Address 2960 Gale Road

City State Zip Code
Wayzata MN 55391

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00

Date of Receipt MM / DD / YYYY
10 / 14 / 2008

Transaction ID: SA11AI.9161

Amount of Each Receipt this Period 1300.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Alan M Bentley

Mailing Address 2414 22nd St. NW

City State Zip Code
Rochester MN 55901

FEC ID number of contributing federal political committee. C

Name of Employer lbn Occupation Engineer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt MM / DD / YYYY
10 / 14 / 2008

Transaction ID: SA11AI.9159

Amount of Each Receipt this Period 50.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Gregory R Binkley

Mailing Address 11636 Raspberry Hill Road

City State Zip Code
Eden Prairie MN 55344

FEC ID number of contributing federal political committee. C

Name of Employer Sportsman Guide Occupation President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt MM / DD / YYYY
10 / 01 / 2008

Transaction ID: SA11AI.9641

Amount of Each Receipt this Period 1000.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 2350.00

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 8 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) Arthur Birdseye		Date of Receipt
	Mailing Address 3318 Salem Pt. Dr. SW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 0 / 2 0 0 8
	City	State	Zip Code
	Rochester	MN	55902
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9285
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 2550.00	Contribution
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Albert Blumberg		Date of Receipt
	Mailing Address 8 Jenny Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Baltimore	MD	21208
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9241
Name of Employer Rohpa		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 250.00	Contribution
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Debra M Blute		Date of Receipt
	Mailing Address 800 Courtney Ct SW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Rochester	MN	55902
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9156
Name of Employer Homemaker		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 1450.00	Contribution
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 45
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

<p>A. Full Name (Last, First, Middle Initial) George Boomer</p> <p>Mailing Address 9986 Wellington Bay</p> <p>City State Zip Code Woodbury MN 55125</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 8</p> <p>Transaction ID: SA11AI.9265</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Jeff Boyce</p> <p>Mailing Address 58323 County Road 21</p> <p>City State Zip Code New Ulm MN 56073</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer 3M Company Occupation Engineer</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 575.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 8</p> <p>Transaction ID: SA11AI.9246</p> <p>Amount of Each Receipt this Period 200.00</p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Stephen M Brzica</p> <p>Mailing Address 7120 Kenmare Dr.</p> <p>City State Zip Code Bloomington MN 55438</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Fairview Southdale Hospital Occupation Physician</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 8</p> <p>Transaction ID: SA11AI.9470</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	950.00
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: PAGE 10 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)
Stephen M Brzica

Mailing Address 7120 Kenmare Dr.

City State Zip Code
Bloomington MN 55438

FEC ID number of contributing federal political committee. C

Name of Employer
Fairview Southdale Hospital

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.9471

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Delores Cockroft

Mailing Address 3611 85th St Nw Trlr 218

City State Zip Code
Oronoco MN 55960

FEC ID number of contributing federal political committee. C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.9676

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
John A Deedrick

Mailing Address 3652 Hermann Court NE

City State Zip Code
Rochester MN 55906

FEC ID number of contributing federal political committee. C

Name of Employer
Accuitive Medical Ventures

Occupation
Venture Capital

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.9140

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 850.00

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: PAGE 11 / 45
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
Dorothy Erlandson
Mailing Address 1706 Bay Oak Drive
City State Zip Code
Albert Lea MN 56007
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Homemaker Homemaker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 8
Transaction ID: SA11AI.9358
Amount of Each Receipt this Period
50.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Arnold Fenske
Mailing Address 360 W Lake St
City State Zip Code
Winona MN 55987
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Winona Clinic Nephrologist
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 8
Transaction ID: SA11AI.9361
Amount of Each Receipt this Period
50.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Arnold Fenske
Mailing Address 360 W Lake St
City State Zip Code
Winona MN 55987
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Winona Clinic Nephrologist
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 8
Transaction ID: SA11AI.9377
Amount of Each Receipt this Period
50.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 150.00
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: PAGE 12 / 45
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
Timothy A Garvey

Mailing Address 4721 Annaway Dr.

City Edina State MN Zip Code 55436

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

Name of Employer Twin Cities Spine Center Occupation Orthopedic Surgeon

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 02 / 2008
Transaction ID: SA11AI.9617
Amount of Each Receipt this Period 1000.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Stanley Gudmunson

Mailing Address Box 127

City Peterson State MN Zip Code 55962

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2008
Transaction ID: SA11AI.9493
Amount of Each Receipt this Period 50.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Gerald C Gustafson

Mailing Address 11615 280th Ave

City New Richmond State MN Zip Code 56072

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

Name of Employer Usaf Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 10 / 03 / 2008
Transaction ID: SA11AI.9531
Amount of Each Receipt this Period 100.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1150.00

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: PAGE 13 / 45
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)
Doug Huseby

Mailing Address 13763 Wood Lane

City State Zip Code
Minnetonka MN 55305

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

Name of Employer Occupation
Becker Furniture World CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2725.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.9266

Amount of Each Receipt this Period
25.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Nora A Janjan

Mailing Address 14446 Hwy 6 South

City State Zip Code
Navasota TX 77868

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

Name of Employer Occupation
UT MD Anderson Cancer Center Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.9252

Amount of Each Receipt this Period
1000.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Gordon A Jensen

Mailing Address 10689 Sonoma Ridge

City State Zip Code
Eden Prairie MN 55347

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

Name of Employer Occupation
Norman G. Jensen Executive

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.9215

Amount of Each Receipt this Period
500.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1525.00**

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 14 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) Stanley Johnson		Date of Receipt MM / DD / YYYY 10 / 07 / 2008		
	Mailing Address 1516 Bay Oaks Dr.		Transaction ID: SA11AI.9354		
	City Albert Lea	State MN	Zip Code 56007	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Retired	Occupation Retired	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Election Cycle-to-Date ▼
500.00

B.	Full Name (Last, First, Middle Initial) Teresa E Johnson		Date of Receipt MM / DD / YYYY 10 / 05 / 2008		
	Mailing Address 7492 435th Ave.		Transaction ID: SA11AI.9502		
	City Waterville	State MN	Zip Code 56096	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Information Requested	Occupation Information Requested	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Election Cycle-to-Date ▼
250.00

C.	Full Name (Last, First, Middle Initial) Larry W Karkela		Date of Receipt MM / DD / YYYY 10 / 01 / 2008		
	Mailing Address 4004 Lawndale Lane N		Transaction ID: SA11AI.9655		
	City Plymouth	State MN	Zip Code 55446	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Karkela Construction	Occupation Founder	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Election Cycle-to-Date ▼
250.00

SUBTOTAL of Receipts This Page (optional)	▶	800.00
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: PAGE 15 / 45
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)
Bruce Kaskubar

Mailing Address 5905 Chateau Rd NW

City State Zip Code
Rochester MN 55901

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

Name of Employer Self Occupation IT Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.9133

Amount of Each Receipt this Period
200.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Alexander Keith

Mailing Address 5225 Meadow Crossing Rd SW

City State Zip Code
Rochester MN 55902

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

Name of Employer Rochester Area Chamber of Commerce Occupation Executive Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.9236

Amount of Each Receipt this Period
200.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Lyle Keller

Mailing Address 28814 Gilbertson Drive

City State Zip Code
Peterson MN 55962

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.9606

Amount of Each Receipt this Period
50.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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 16 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial) Timothy Kelly Mailing Address 3720 IDS Center 80 S 8th St. City State Zip Code Minneapolis MN 55402 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 8 Transaction ID: SA11AI.9688 Amount of Each Receipt this Period 1000.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Kelly & Berens P.A. Occupation Attorney/Partner Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00		

B. Full Name (Last, First, Middle Initial) James B Long Mailing Address 15004 Bluebird St. N.W. City State Zip Code Andover MN 55304 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 8 Transaction ID: SA11AI.9245 Amount of Each Receipt this Period 250.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Allina Occupation Physician Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Thomas P Lowe Mailing Address 2630 W. Lafayette Road City State Zip Code Excelsior MN 55331 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 8 Transaction ID: SA11AI.9746 Amount of Each Receipt this Period 1000.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Lyman Lumber Co. Occupation Corp. Exec. Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	2250.00
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 17 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
 Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) Dan J Macdonald	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 118 E. Laurel St.	Transaction ID: SA11AI.9748
	City State Zip Code Stillwater MN 55082	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation Retired Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Richard K Marlow	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 1506 Rockbend Parkway	Transaction ID: SA11AI.9287
	City State Zip Code Saint Peter MN 56082	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Associates in Oral and Maxillofacial S Occupation Oral and Maxillofacial Surgeon Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00	

C.	Full Name (Last, First, Middle Initial) Brian J Mathiowetz	Date of Receipt MM / DD / YYYY 10 / 12 / 2008
	Mailing Address 17590 County Road 8	Transaction ID: SA11AI.9248
	City State Zip Code Sleepy Eye MN 56085	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Mathiowetz Construction Occupation Executive Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	3050.00
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: PAGE 18 / 45
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
Paul A Maynard

Mailing Address 8924 Springwood Drive

City State Zip Code
Woodbury MN 55125

FEC ID number of contributing federal political committee. C

Name of Employer Deloitte and Touche LLP Occupation Partner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt MM / DD / YYYY
10 / 10 / 2008

Transaction ID: SA11AI.9278

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Edwin J McCarthy

Mailing Address 345 St. Peter St. Suite #2020

City State Zip Code
St. Paul MN 55102

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt MM / DD / YYYY
10 / 01 / 2008

Transaction ID: SA11AI.9643

Amount of Each Receipt this Period
1000.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Charles McDonald

Mailing Address 12445 Wedgewood PI NW

City State Zip Code
Minneapolis MN 55433

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt MM / DD / YYYY
10 / 01 / 2008

Transaction ID: SA11AI.9652

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 1350.00

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: PAGE 19 / 45
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
Patrick McGinley

Mailing Address 8231 Morris Road

City State Zip Code
Bloomington MN 55437

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

Name of Employer Occupation
Corporat 4 Insurance Agen- Owner
cy

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.9713

Amount of Each Receipt this Period
50.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mary M McVay

Mailing Address 2201 Isengard

City State Zip Code
Minnetonka MN 55305

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.9600

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
George Munson

Mailing Address 19896 Cty Rd 6

City State Zip Code
Hanska MN 56041

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

Name of Employer Occupation
Retired Farmer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.9503

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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: PAGE 20 / 45
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
William O Naegele

Mailing Address 4300 Baker Road #3 Watertower Plac

City State Zip Code
Minnetonka MN 55343

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

Name of Employer Self Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.9347

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Subir Nag

Mailing Address 21210 Chadwick Ct.

City State Zip Code
Saratoga MN 95070

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

Name of Employer Kaiser Permanente Occupation Radiation Oncologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.9165

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mark Neeb

Mailing Address 2491 Hawk Hill Lane SW

City State Zip Code
Rochester MN 55902

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

Name of Employer Affiliated Medical Group Occupation Business Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.9151

Amount of Each Receipt this Period
200.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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: PAGE 21 / 45
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
Alfred Nelson

Mailing Address 822 2nd St. S.

City Stillwater State MN Zip Code 55082

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2008

Transaction ID: SA11AI.9578

Amount of Each Receipt this Period 250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Fred T Nobrega

Mailing Address 1118 Skyline Dr SW

City Rochester State MN Zip Code 55902

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt 10 / 15 / 2008

Transaction ID: SA11AI.9143

Amount of Each Receipt this Period 100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Eugene Nugent

Mailing Address 4 Aspen Lane

City North Oaks State MN Zip Code 55127

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1600.00

Date of Receipt 10 / 03 / 2008

Transaction ID: SA11AI.9594

Amount of Each Receipt this Period 100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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 22 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) Kerry Olsen		Date of Receipt MM / DD / YYYY 10 / 07 / 2008
	Mailing Address 2520 Northridge Ln NE		Transaction ID: SA11AI.9408
	City Rochester	State MN	Zip Code 55906
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Mayo Clinic	Occupation Physician	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Roger Olson		Date of Receipt MM / DD / YYYY 10 / 10 / 2008
	Mailing Address 15777 795th Ave.		Transaction ID: SA11AI.9264
	City Glenville	State MN	Zip Code 56036
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Retired	Occupation Retired	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Larry Orth		Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address 4609 Windslow Lane NW		Transaction ID: SA11AI.9514
	City Rochester	State MN	Zip Code 55901
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Calvary Free Evangel. Church	Occupation Pastor	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	350.00
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 23 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) Sharon Penz		Date of Receipt MM / DD / YYYY 10 / 03 / 2008		
	Mailing Address 1442 Salem Ln SW		Transaction ID: SA11AI.9611		
	City Rochester	State MN	Zip Code 55902	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Retired	Occupation Retired	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Election Cycle-to-Date ▼
1350.00

B.	Full Name (Last, First, Middle Initial) Gerald Pestka		Date of Receipt MM / DD / YYYY 10 / 15 / 2008		
	Mailing Address 1530 Greenview Drive, SW		Transaction ID: SA11AI.9152		
	City Rochester	State MN	Zip Code 55902	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Gerry Pestka Appraisals	Occupation Owner	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Election Cycle-to-Date ▼
405.00

C.	Full Name (Last, First, Middle Initial) Dan R Reed		Date of Receipt MM / DD / YYYY 10 / 01 / 2008		
	Mailing Address 9991 E. Peregrine Pl		Transaction ID: SA11AI.9691		
	City Scottsdale	State AZ	Zip Code 85262	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Arizona Oncology Services	Occupation Physician	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Election Cycle-to-Date ▼
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	850.00
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: PAGE 24 / 45
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
Charles E Royse

Mailing Address 30127 E Legends Trail Dr

City State Zip Code
Spring TX 77386

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

Name of Employer Occupation
INT Technologies Sales Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 07 / 2008

Transaction ID: SA11AI.9348

Amount of Each Receipt this Period
200.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

750.00

B. Full Name (Last, First, Middle Initial)
Alexander Schirger

Mailing Address 3805 Meadow Ridge Dr. S.W.

City State Zip Code
Rochester MN 55902

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 15 / 2008

Transaction ID: SA11AI.9154

Amount of Each Receipt this Period
250.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

350.00

C. Full Name (Last, First, Middle Initial)
Tim Slade

Mailing Address 24184 Blackberry Rd.

City State Zip Code
Winona MN 55987

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

Name of Employer Occupation
Self Farmer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 06 / 2008

Transaction ID: SA11AI.9411

Amount of Each Receipt this Period
2300.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

2300.00

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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: PAGE 25 / 45
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
Julius C Smith
Mailing Address 1185 Gallery Lane
City Chaska State MN Zip Code 55318
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00
Date of Receipt 10 / 01 / 2008
Transaction ID: SA11AI.9749
Amount of Each Receipt this Period 500.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Alan D Spriggs
Mailing Address 8801 Penn Ave. S.
City Bloomington State MN Zip Code 55431
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 10 / 03 / 2008
Transaction ID: SA11AI.9555
Amount of Each Receipt this Period 250.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jean Teeslink
Mailing Address 1871 Knollwood Dr
City Fairmont State MN Zip Code 56031
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt 10 / 03 / 2008
Transaction ID: SA11AI.9540
Amount of Each Receipt this Period 50.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 800.00
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: PAGE 26 / 45
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
Robert E Tetzloff

Mailing Address 5775 Wayzata Blvd. Suite #700

City State Zip Code
Minneapolis MN 55416

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

Name of Employer Occupation
Tetzloff and Holloway CPA

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
10 / 02 / 2008

Transaction ID: SA11AI.9620

Amount of Each Receipt this Period
535.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Conrad O Thompson

Mailing Address 901 17th St. NE

City State Zip Code
Rochester MN 55906

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

Name of Employer Occupation
Pharmaceutical Specialties, Inc. Business Executive

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
10 / 15 / 2008

Transaction ID: SA11AI.9155

Amount of Each Receipt this Period
200.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Allen Vis

Mailing Address 103 E Central Ave

City State Zip Code
Edgerton MN 56128

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
10 / 10 / 2008

Transaction ID: SA11AI.9256

Amount of Each Receipt this Period
40.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **775.00**

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: PAGE 27 / 45
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
Allen Vis

Mailing Address 103 E Central Ave

City Edgerton State MN Zip Code 56128

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt 10 / 13 / 2008
Transaction ID: SA11AI.9229
 Amount of Each Receipt this Period 50.00
 Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
James R Weinel

Mailing Address 14538 Bloomfield Pl

City Rosemount State MN Zip Code 55068

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

Name of Employer Gemini Inc. Occupation Corporate Officer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 10 / 14 / 2008
Transaction ID: SA11AI.9166
 Amount of Each Receipt this Period 500.00
 Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Joseph Weis

Mailing Address Po Box 6757

City Rochester State MN Zip Code 55903

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

Name of Employer Weis Builders Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1600.00

Date of Receipt 10 / 15 / 2008
Transaction ID: SA11AI.9157
 Amount of Each Receipt this Period 1000.00
 Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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: PAGE 28 / 45
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
J. Kimball Whitney
Mailing Address 559 Harrington Rd.
City State Zip Code
Wayzata MN 55391
FEC ID number of contributing federal political committee. **C**
Name of Employer Whitney Management Co. Occupation President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 10 / 13 / 2008
Transaction ID: SA11AI.9238
Amount of Each Receipt this Period: 400.00
Contribution: 400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dale Willner
Mailing Address 2049 Pleasant Ave.
City State Zip Code
St. Cloud MN 56303
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Insurance Broker
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 10 / 14 / 2008
Transaction ID: SA11AI.9180
Amount of Each Receipt this Period: 100.00
Contribution: 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
W.B. Wood
Mailing Address 100 Telemark Dr
City State Zip Code
Mankato MN 56001
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 10 / 10 / 2008
Transaction ID: SA11AI.9262
Amount of Each Receipt this Period: 100.00
Contribution: 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**
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: PAGE 29 / 45
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)
Carol Yenter

Mailing Address 301 Freeman St NW

City State Zip Code
Preston MN 55965

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.9525

Amount of Each Receipt this Period
100.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

225.00

B.

Full Name (Last, First, Middle Initial)
Donald Zietlow

Mailing Address P.o. Box 1625

City State Zip Code
LaCrosse WI 54602

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

Name of Employer Occupation
Kwik Trip CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.9613

Amount of Each Receipt this Period
1000.00

Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

1000.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

TOTAL This Period (last page this line number only) ► **29475.00**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 45
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 10 / 02 / 2008
Transaction ID: SA11C.9758
Amount of Each Receipt this Period: 2000.00
Contribution: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY FOR THERAPEUTIC RADIOLOGY AND ONCOLOGY INC PAC AKA ASTRO PAC

Mailing Address 12500 FAIR LAKES CIRCLE SUITE 375

City FAIRFAX State VA Zip Code 22033

FEC ID number of contributing federal political committee. **C** C00384602

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 8500.00

Date of Receipt: 10 / 14 / 2008
Transaction ID: SA11C.9757
Amount of Each Receipt this Period: 3500.00
Contribution: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
GUTKNECHT FOR U.S. CONGRESS COMMITTEE

Mailing Address P.O. Box 6428

City Rochester State MN Zip Code 55903

FEC ID number of contributing federal political committee. **C** C00282160

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt: 10 / 15 / 2008
Transaction ID: SA11C.9755
Amount of Each Receipt this Period: 2300.00
Contribution: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 7800.00

TOTAL This Period (last page this line number only) ▶ 7800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 45
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)
Brian James Davis

Mailing Address 839 Amber Ridge Ln SW

City State Zip Code
Rochester MN 55902

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

Name of Employer Occupation
Mayo Clinic Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

314405.76

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11D.9761

Amount of Each Receipt this Period
1228.50

In-kind - Mileage Expense
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1228.50
TOTAL This Period (last page this line number only)	▶	1228.50

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

<p>A. Full Name (Last, First, Middle Initial) Doug Baker</p> <p>Mailing Address 103 Kenilworth Ave N</p> <p>City Lanesboro State MN Zip Code 55949</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.9121</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1684.43"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Charles Buhr</p> <p>Mailing Address 210 2nd Ave NW Apt 7</p> <p>City Stewartville State MN Zip Code 55976</p> <p>Purpose of Disbursement Sign Placement & Management</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.9125</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Capitol Communications</p> <p>Mailing Address 10969 Pierce St NE</p> <p>City Blaine State MN Zip Code 55434</p> <p>Purpose of Disbursement Communications Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.9781</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)
Brian James Davis

Transaction ID: SB17.9762

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

Mailing Address 839 Amber Ridge Ln SW

Amount of Each Disbursement this Period

1228.50

City State Zip Code
Rochester MN 55902

Purpose of Disbursement
In-kind - Mileage Expense

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President
State: MN District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Andrew Eilers

Transaction ID: SB17.9122

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	8

Mailing Address 405 N 5th St Apt #420

Amount of Each Disbursement this Period

1929.15

City State Zip Code
Mankato MN 56001

Purpose of Disbursement
Payroll

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Hoffman Communications

Transaction ID: SB17.9097

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	8

Mailing Address 2900 Washington Avenue North

Amount of Each Disbursement this Period

1980.00

City State Zip Code
Minneapolis MN 55411

Purpose of Disbursement
Media Production

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5137.65

TOTAL This Period (last page this line number only)

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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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) Kwik Trip - Rochester Mailing Address 315 12th St SE City Rochester State MN Zip Code 55904 Purpose of Disbursement Travel Expense/Fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9105 Date of Disbursement 10 / 06 / 2008 Amount of Each Disbursement this Period 54.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Kwik Trip - Rochester Mailing Address 315 12th St SE City Rochester State MN Zip Code 55904 Purpose of Disbursement Travel Expense/Fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9106 Date of Disbursement 10 / 06 / 2008 Amount of Each Disbursement this Period 37.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Kwik Trip - Rochester Mailing Address 315 12th St SE City Rochester State MN Zip Code 55904 Purpose of Disbursement Travel Expense/Fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9107 Date of Disbursement 10 / 06 / 2008 Amount of Each Disbursement this Period 31.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	124.21
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Kwik Trip - Rochester</p> <p>Mailing Address 315 12th St SE</p> <p>City Rochester State MN Zip Code 55904</p> <p>Purpose of Disbursement Travel Expense/Fuel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.9108</p> <p>Date of Disbursement 10 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 0.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kwik Trip - Rochester</p> <p>Mailing Address 315 12th St SE</p> <p>City Rochester State MN Zip Code 55904</p> <p>Purpose of Disbursement Travel Expense/Fuel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.9114</p> <p>Date of Disbursement 10 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 34.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Kwik Trip - Rochester</p> <p>Mailing Address 315 12th St SE</p> <p>City Rochester State MN Zip Code 55904</p> <p>Purpose of Disbursement Travel Expense/Fuel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.9117</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 39.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	74.20
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

<p>A. Full Name (Last, First, Middle Initial) Kwik Trip - Rochester</p> <p>Mailing Address 315 12th St SE</p> <p>City Rochester State MN Zip Code 55904</p> <p>Purpose of Disbursement Travel Expense/Fuel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.9118</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 22.41</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Maelstrom Solutions Corp.</p> <p>Mailing Address 250 N Sunny Slope Suite 300</p> <p>City Battlefield State WI Zip Code 53005</p> <p>Purpose of Disbursement Credit Card Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.9763</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 833.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) David McCarthy</p> <p>Mailing Address 608 W Fifth Ave E</p> <p>City St Paul State MN Zip Code 55106</p> <p>Purpose of Disbursement Operations Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.9780</p> <p>Date of Disbursement 10 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1355.79

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) MLT Group Mailing Address 411 N Broadway City Rochester State MN Zip Code 55906 Purpose of Disbursement Media Production Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9127 Date of Disbursement 10 / 15 / 2008	Amount of Each Disbursement this Period 425.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Paychex Mailing Address PO Box 4482 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9120 Date of Disbursement 10 / 03 / 2008	Amount of Each Disbursement this Period 3467.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) E. Roland Mailing Address 9001 Lakeview Rd City Bloomington State MN Zip Code 55438 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9099 Date of Disbursement 10 / 01 / 2008	Amount of Each Disbursement this Period 1250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	5142.93
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) E. Roland</p> <p>Mailing Address 9001 Lakeview Rd</p> <p>City Bloomington State MN Zip Code 55438</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.9096</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9385.65"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) E. Roland</p> <p>Mailing Address 9001 Lakeview Rd</p> <p>City Bloomington State MN Zip Code 55438</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.9126</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1250.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Michael Spellings</p> <p>Mailing Address 623 23rd St NE</p> <p>City Rochester State MN Zip Code 55908</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.10728</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3405.34"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)
Stevens Reed Curcio & Potholm

Transaction ID: SB17.9103

Date of Disbursement

Mailing Address 201 North Union Street, Suite 200

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	8

City State Zip Code
Alexandria VA 22314

Amount of Each Disbursement this Period

52860.00

Purpose of Disbursement
Ad Production/Media Placement
Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Stevens Reed Curcio & Potholm

Transaction ID: SB17.9113

Date of Disbursement

Mailing Address 201 North Union Street, Suite 200

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	8

City State Zip Code
Alexandria VA 22314

Amount of Each Disbursement this Period

21135.00

Purpose of Disbursement
Ad Production/Media Placement
Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Tarrance Group

Transaction ID: SB17.9124

Date of Disbursement

Mailing Address 201 N Union St Ste 410

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	8

City State Zip Code
Alexandria VA 22314

Amount of Each Disbursement this Period

4355.50

Purpose of Disbursement
Polling
Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

78350.50

TOTAL This Period (last page this line number only)

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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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)
TDS - Metrocom

Transaction ID: SB17.9770
Date of Disbursement

Mailing Address 1705 Greenview PI SW

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

City Rochester State MN Zip Code 55902

Amount of Each Disbursement this Period

1015.82

Purpose of Disbursement
Phone Expense
Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Wells Fargo

Transaction ID: SB17.9101
Date of Disbursement

Mailing Address 21 1st St SW

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	8

City Rochester State MN Zip Code 55902

Amount of Each Disbursement this Period

20.00

Purpose of Disbursement
Bank Fee
Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Wells Fargo

Transaction ID: SB17.9109
Date of Disbursement

Mailing Address 21 1st St SW

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	8

City Rochester State MN Zip Code 55902

Amount of Each Disbursement this Period

3.00

Purpose of Disbursement
Bank Fee
Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1038.82

TOTAL This Period (last page this line number only)

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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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 21 1st St SW City Rochester State MN Zip Code 55902 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9112 Date of Disbursement 10 / 14 / 2008	Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 21 1st St SW City Rochester State MN Zip Code 55902 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9115 Date of Disbursement 10 / 14 / 2008	Amount of Each Disbursement this Period 3.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 21 1st St SW City Rochester State MN Zip Code 55902 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9116 Date of Disbursement 10 / 14 / 2008	Amount of Each Disbursement this Period 119.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	142.25
TOTAL This Period (last page this line number only) ▶	108341.77

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 42 / 45
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

NAME OF COMMITTEE (In Full)
 Brian Davis for Congress

Transaction ID: SC/10.8081

LOAN SOURCE Full Name (Last, First, Middle Initial) Brian James Davis - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 839 Amber Ridge Ln SW	
City Rochester State MN ZIP Code 55902	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
24000.00	0.00	24000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 08 D D 20 Y Y Y Y 2008	None	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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)	24000.00
TOTALS This Period (last page in this line only)00

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)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
Brian Davis for Congress

Transaction ID: SC/10.8093

LOAN SOURCE Full Name (Last, First, Middle Initial) Brian James Davis	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 839 Amber Ridge Ln SW	
City Rochester State MN ZIP Code 55902	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 8	D D 2 0	Y Y Y Y 2 0 0 8	None
		0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	100000.00
TOTALS This Period (last page in this line only)	124000.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bellwether Consulting Group			Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 666 11th St NW Ste 800			
City Washington	State DC	ZIP Code 20001	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.9769	
Amount Incurred This Period <input type="text" value="5250.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5250.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Brian James Davis			Nature of Debt (Purpose): REIMBURSEMENT: Fundraising Consulting
Mailing Address 839 Amber Ridge Ln SW			
City Rochester	State MN	ZIP Code 55902	

Outstanding Balance Beginning This Period <input type="text" value="1250.00"/>		Transaction ID: SD10.9082	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1250.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elcor Corporation			Nature of Debt (Purpose): Rent
Mailing Address 3552 NW River Pkwy			
City Rochester	State MN	ZIP Code 55901	

Outstanding Balance Beginning This Period <input type="text" value="600.00"/>		Transaction ID: SD10.8099	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="600.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="7100.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elcor Corporation			Nature of Debt (Purpose): Rent
Mailing Address 3552 NW River Pkwy			
City Rochester	State MN	ZIP Code 55901	

Outstanding Balance Beginning This Period <input type="text" value="600.00"/>		Transaction ID: SD10.9080	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="600.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elcor Corporation			Nature of Debt (Purpose): Rent
Mailing Address 3552 NW River Pkwy			
City Rochester	State MN	ZIP Code 55901	

Outstanding Balance Beginning This Period <input type="text" value="600.00"/>		Transaction ID: SD10.9081	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="600.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Koch & Hoos LLC			Nature of Debt (Purpose): Accounting Consulting/Travel Expense
Mailing Address 901 N Washington St, Ste 102			
City Alexandria	State VA	ZIP Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="976.50"/>		Transaction ID: SD10.6923	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="976.50"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2176.50"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="9276.50"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="124000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="133276.50"/>