

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 MN 01
3. **IS THIS REPORT** **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 09 09 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 07 01 2008 through 08 20 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 08 28 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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	8

D	D
2	0

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)).....	95397.50	590190.81
(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)).....	95397.50	590190.81
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	165542.01	403018.81
(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)).....	165542.01	403018.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	311084.63	
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).....	125576.50	

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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
2	0

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).....

67039.00

421114.00

(ii) Unitemized.....

21759.00

68213.05

(iii) TOTAL of contributions

88798.00

489327.05

from individuals..... ▶

2350.00

15000.00

(b) Political Party Committees.....

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

1500.00

22500.00

(d) The Candidate.....

2749.50

63363.76

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

95397.50

590190.81

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

0.00

0.00

13. LOANS

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

124000.00

248000.00

(b) All Other Loans.....

0.00

0.00

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

124000.00

248000.00

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

0.00

0.00

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

10.42

12.63

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

219407.92

838203.44

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	165542.01	403018.81
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	124000.00	124000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	124000.00	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) ▶	289542.01	527118.81

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	381218.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	219407.92
25. SUBTOTAL (add Line 23 and Line 24).....	600626.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	289542.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	311084.63

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 70

(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)
Patrick Alexander

Mailing Address 16540 Grays Bay Blvd

City State Zip Code
Minnetonka MN 55391

FEC ID number of contributing federal political committee. C

Name of Employer Cold Spring Granite Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 08 / 08 / 2008

Transaction ID: SA11AI.7529

Amount of Each Receipt this Period 1800.00

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

B.

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

Mailing Address 16540 Grays Bay Blvd

City State Zip Code
Minnetonka MN 55391

FEC ID number of contributing federal political committee. C

Name of Employer Cold Spring Granite Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt 08 / 08 / 2008

Transaction ID: SA11AI.7530

Amount of Each Receipt this Period 2200.00

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

C.

Full Name (Last, First, Middle Initial)
Peter C Amadio

Mailing Address 816 Ninth Ave SW

City State Zip Code
Rochester MN 55902

FEC ID number of contributing federal political committee. C

Name of Employer Mayo Clinic Occupation Surgeon

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt 08 / 18 / 2008

Transaction ID: SA11AI.7224

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) 4500.00

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 6 / 70
(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) Marilyn A Bergman</p> <p>Mailing Address 211 2nd St SW Apt 1316</p> <p>City State Zip Code Rochester MN 55901</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 08 / 20 / 2008</p> <p>Transaction ID: SA11AI.7079</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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<p>B. Full Name (Last, First, Middle Initial) Arthur Birdseye</p> <p>Mailing Address 3318 Salem Pt. Dr. SW</p> <p>City State Zip Code Rochester MN 55902</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1550.00</p>	<p>Date of Receipt 08 / 12 / 2008</p> <p>Transaction ID: SA11AI.7385</p> <p>Amount of Each Receipt this Period 300.00</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) 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2000.00</p>	<p>Date of Receipt 08 / 01 / 2008</p> <p>Transaction ID: SA11AI.7856</p> <p>Amount of Each Receipt this Period 1000.00</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)	1800.00
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 / 70
(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) Jeff Boyce		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>8</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	8		2	0	0	8													
Mailing Address 58323 County Road 21		Transaction ID: SA11AI.7524																				
City State Zip Code New Ulm MN 56073	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>100.00</td></tr> </table>		100.00																			
100.00																						
FEC ID number of contributing federal political committee. <table border="1" style="width: 100%; text-align: center;"> <tr><td>C</td></tr> </table>	C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
C																						
Name of Employer Occupation 3M Company Engineer	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>300.00</td></tr> </table>	300.00																					
300.00																						

B.

Full Name (Last, First, Middle Initial) Edward Brehm		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	1		2	0	0	8													
Mailing Address 706 2nd Ave. S Suite 850		Transaction ID: SA11AI.7747																				
City State Zip Code Minneapolis MN 55402	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>250.00</td></tr> </table>		250.00																			
250.00																						
FEC ID number of contributing federal political committee. <table border="1" style="width: 100%; text-align: center;"> <tr><td>C</td></tr> </table>	C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
C																						
Name of Employer Occupation The Brehm Group CEO	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>250.00</td></tr> </table>	250.00																					
250.00																						

C.

Full Name (Last, First, Middle Initial) John W Brockman		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	4		2	0	0	8													
Mailing Address 607 Tower Ct SE		Transaction ID: SA11AI.7710																				
City State Zip Code Stewartville MN 55976	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>500.00</td></tr> </table>		500.00																			
500.00																						
FEC ID number of contributing federal political committee. <table border="1" style="width: 100%; text-align: center;"> <tr><td>C</td></tr> </table>	C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
C																						
Name of Employer Occupation Rotab Corporation Controller	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>2800.00</td></tr> </table>	2800.00																					
2800.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%; text-align: center;"> <tr><td>850.00</td></tr> </table>	850.00
850.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td></tr> </table>	

**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 / 70
	<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) Kristi J Brown		Date of Receipt
	Mailing Address P.o. Box 7		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 0 6 / 2 0 0 8
	City	State	Zip Code
	Minnetonka Beach	MN	55361
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7593
Name of Employer Homemaker		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
			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) Elsa Carpenter		Date of Receipt
	Mailing Address 18735 11th Ave N		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Minneapolis	MN	55447
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7341
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
			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) Roger Conant		Date of Receipt
	Mailing Address 2 Sunfish Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Sunfish Lake	MN	55118
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7273
Name of Employer CRI Limited		Occupation Managing Director	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1500.00
			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"/> 3800.00
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: (check only one)	PAGE 9 / 70
	<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) James R Cote Mailing Address 7440 Shannon Drive City Minneapolis State MN Zip Code 55439 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 8 Transaction ID: SA11AI.7968 Amount of Each Receipt this Period 500.00 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 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Joan Cummins Mailing Address 18850 Northome Blvd. City Deephaven State MN Zip Code 55391 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 8 Transaction ID: SA11AI.7594 Amount of Each Receipt this Period 2300.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Homemaker Occupation Homemaker Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4600.00		

C. Full Name (Last, First, Middle Initial) Robert P Cummins Mailing Address 18850 Northome Blvd. City Deephaven State MN Zip Code 55391 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 8 Transaction ID: SA11AI.7595 Amount of Each Receipt this Period 2300.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Primera Technologies Inc. Occupation President Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4600.00		

SUBTOTAL of Receipts This Page (optional)	5100.00
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 / 70
(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) Martin Davis		Date of Receipt MM / DD / YYYY 08 / 11 / 2008
Mailing Address 26310 Birch Bluff Road		Transaction ID: SA11AI.7417
City Shorewood	State MN	Zip Code 55331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cambria	Occupation General Manager	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) John Doffing		Date of Receipt MM / DD / YYYY 08 / 01 / 2008
Mailing Address 316 Skyline Dr		Transaction ID: SA11AI.7829
City Wabasha	State MN	Zip Code 55981
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Start Inc.	Occupation CEO	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

C.

Full Name (Last, First, Middle Initial) Megan Doyle		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address 9924 Dell Road		Transaction ID: SA11AI.7880
City Eden Prairie	State MN	Zip Code 55347
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00
Name of Employer Homemaker	Occupation Homemaker	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional)	1850.00
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 11 / 70
	<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) Megan Doyle		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 9924 Dell Road		Transaction ID: SA11AI.7881
	City Eden Prairie	State MN	Zip Code 55347
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
Name of Employer Homemaker		Occupation Homemaker	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 ▼ 3500.00		

B.	Full Name (Last, First, Middle Initial) William A Fitzgerald		Date of Receipt MM / DD / YYYY 07 / 16 / 2008
	Mailing Address 2505 Lenox Ct. S.W.		Transaction ID: SA11AI.7954
	City Rochester	State MN	Zip Code 55902
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Sheldon Fleck		Date of Receipt MM / DD / YYYY 08 / 09 / 2008
	Mailing Address 4611 Browndale Ave.		Transaction ID: SA11AI.7498
	City Edina	State MN	Zip Code 55424
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed		Occupation Investor	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	2450.00
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 / 70
(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)
Terry Fleck

Mailing Address 4611 Browndale Ave.

City Edina State MN Zip Code 55424

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 09 / 2008

Transaction ID: SA11AI.7496

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)
Donna Foster

Mailing Address 2521 30th Ave SE

City Rochester State MN Zip Code 55904

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

Name of Employer Cross Country Transportation Occupation Truck Driver

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 08 / 04 / 2008

Transaction ID: SA11AI.7745

Amount of Each Receipt this Period 150.00

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

C.

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

Mailing Address 2530 Tournament Players Cir. S.

City Blaine State MN Zip Code 55449

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

Name of Employer Hank's Specialties, Inc. Occupation Self-Employed

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 01 / 2008

Transaction ID: SA11AI.7858

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) ► 1650.00

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 / 70
(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) Randy Grachek</p> <p>Mailing Address 2288 149th Ave. NW</p> <p>City State Zip Code Andover MN 55304</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Hank's Specialties, Inc. Self-Employed</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 8</p> <p>Transaction ID: SA11AI.7488</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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<p>B. Full Name (Last, First, Middle Initial) Elwood Guanella</p> <p>Mailing Address 20954 660th Ave. Route #1 - Box 10</p> <p>City State Zip Code Alden MN 56009</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired Retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 8</p> <p>Transaction ID: SA11AI.7419</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) Stanley Gudmunson</p> <p>Mailing Address Box 127</p> <p>City State Zip Code Peterson MN 55962</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired Retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 8</p> <p>Transaction ID: SA11AI.8030</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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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 14 / 70 (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) Harold E Hamilton Mailing Address 1142 97th Lane NW <hr/> City State Zip Code Coon Rapids MN 55433 <hr/> FEC ID number of contributing federal political committee. C <hr/> Name of Employer Occupation Micro Control Company President <hr/> Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2300.00	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Transaction ID: SA11AI.7882 <hr/> Amount of Each Receipt this Period 1800.00 <hr/> Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	1		2	0	0	8												

B. Full Name (Last, First, Middle Initial) Harold E Hamilton Mailing Address 1142 97th Lane NW <hr/> City State Zip Code Coon Rapids MN 55433 <hr/> FEC ID number of contributing federal political committee. C <hr/> Name of Employer Occupation Micro Control Company President <hr/> Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3000.00	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Transaction ID: SA11AI.7883 <hr/> Amount of Each Receipt this Period 700.00 <hr/> Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	1		2	0	0	8												

C. Full Name (Last, First, Middle Initial) Louis B. Harrison Mailing Address 32 Chelsea Place <hr/> City State Zip Code Ridgewood NJ 07450 <hr/> FEC ID number of contributing federal political committee. C <hr/> Name of Employer Occupation Beth Israel Medical Center Radiation Oncologist <hr/> Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Transaction ID: SA11AI.8062 <hr/> Amount of Each Receipt this Period 500.00 <hr/> Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	0	8												

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
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 / 70

(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

<p>A. Full Name (Last, First, Middle Initial) Cassandra J Holmstrom</p> <p>Mailing Address 8440 Bradford Court</p> <p>City State Zip Code Inver Grove Height MN 55076</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Hennepin County Administrative Assistant</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 438.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 7 / 1 7 / 2 0 0 8</td> </tr> </table> </p> <p>Transaction ID: SA11AI.8066</p> <p>Amount of Each Receipt this Period 388.00</p> <p>In-kind - Sign Rebar</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M M / D D / Y Y Y Y	0 7 / 1 7 / 2 0 0 8
M M / D D / Y Y Y Y			
0 7 / 1 7 / 2 0 0 8			

<p>B. Full Name (Last, First, Middle Initial) Doug Huseby</p> <p>Mailing Address 13763 Woodlane</p> <p>City State Zip Code Minnetonka MN 55305</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Becker Furniture World CEO</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2300.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 8 / 1 5 / 2 0 0 8</td> </tr> </table> </p> <p>Transaction ID: SA11AI.7289</p> <p>Amount of Each Receipt this Period 2300.00</p> <p>Contribution</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M M / D D / Y Y Y Y	0 8 / 1 5 / 2 0 0 8
M M / D D / Y Y Y Y			
0 8 / 1 5 / 2 0 0 8			

<p>C. Full Name (Last, First, Middle Initial) Doug Huseby</p> <p>Mailing Address 13763 Woodlane</p> <p>City State Zip Code Minnetonka MN 55305</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Becker Furniture World CEO</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2700.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 8 / 1 5 / 2 0 0 8</td> </tr> </table> </p> <p>Transaction ID: SA11AI.7290</p> <p>Amount of Each Receipt this Period 400.00</p> <p>Contribution</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M M / D D / Y Y Y Y	0 8 / 1 5 / 2 0 0 8
M M / D D / Y Y Y Y			
0 8 / 1 5 / 2 0 0 8			

SUBTOTAL of Receipts This Page (optional)	3088.00
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 16 / 70
(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)
Julie Huseby
Mailing Address 13763 Woodlane
City State Zip Code
Minnetonka MN 55305
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Becker's Furniture Owner
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt
M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 8
Transaction ID: SA11AI.7292
Amount of Each Receipt this Period
2300.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michael C James
Mailing Address 56630 192nd Ln
City State Zip Code
Mankato MN 56001
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Mankato Clinic Physician
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8
Transaction ID: SA11AI.7212
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)
Sheila Kihne
Mailing Address 11683 Welters Way
City State Zip Code
Eden Prairie MN 55347
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) ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 8
Transaction ID: SA11AI.7066
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) ► 3800.00
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 17 / 70
(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)
Peter T Kinney
Mailing Address 27 E. Oaks
City North Oaks State MN Zip Code 55127
FEC ID number of contributing federal political committee. **C**
Name of Employer Quest Engineering Inc. Occupation President
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00
Date of Receipt 08 / 09 / 2008
Transaction ID: SA11AI.7492
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)
Barbara Koch
Mailing Address 388 Waycliffe North
City Wayzata State MN Zip Code 55391
FEC ID number of contributing federal political committee. **C**
Name of Employer Homemaker Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 08 / 07 / 2008
Transaction ID: SA11AI.7571
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)
David Koch
Mailing Address 505 North Hwy 169 Suite 595
City Plymouth State MN Zip Code 55441
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) ▼ 1000.00
Date of Receipt 08 / 07 / 2008
Transaction ID: SA11AI.7572
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) ► 1500.00
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 / 70

(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)
John Lanners

Mailing Address 11772 valley Creek Road

City State Zip Code
Woodbury MN 55129

FEC ID number of contributing federal political committee. C

Name of Employer Ftl Corp. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.7335

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)
Kenneth R Larson

Mailing Address 9791 Hidden Glad

City State Zip Code
White Bear Lake MN 55110

FEC ID number of contributing federal political committee. C

Name of Employer Slumberland Occupation Ceo

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt M M / D D / Y Y Y Y
07 / 01 / 2008

Transaction ID: SA11AI.8051

Amount of Each Receipt this Period 2300.00

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

C.

Full Name (Last, First, Middle Initial)
Kenneth R Larson

Mailing Address 9791 Hidden Glad

City State Zip Code
White Bear Lake MN 55110

FEC ID number of contributing federal political committee. C

Name of Employer Slumberland Occupation Ceo

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt M M / D D / Y Y Y Y
07 / 01 / 2008

Transaction ID: SA11AI.8065

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) 3000.00

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 / 70
(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) Lawrence A Laukka</p> <p>Mailing Address 1000 Covertly Place</p> <p>City State Zip Code Edina MN 55435</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Laukka Jarvis Inc. Real Estate Developer</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 8</p> <p>Transaction ID: SA11AI.7597</p> <p>Amount of Each Receipt this Period 150.00</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) Curtis Mack</p> <p>Mailing Address 1845 W. Orange Grove Rd #1</p> <p>City State Zip Code Tucson AZ 85704</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Arizona Oncology Physician</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">550.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 8</p> <p>Transaction ID: SA11AI.7683</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>
--	---

<p>C. Full Name (Last, First, Middle Initial) Elizabeth S Macmillan</p> <p>Mailing Address 1560 Fox Street</p> <p>City State Zip Code Wayzata MN 55391</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Homemaker Homemaker</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 8</p> <p>Transaction ID: SA11AI.7952</p> <p>Amount of Each Receipt this Period 1000.00</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)	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: PAGE 20 / 70
(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)
Elizabeth S Macmillan

Mailing Address 1560 Fox Street

City State Zip Code
Wayzata MN 55391

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) ▼ 2300.00

Date of Receipt MM / DD / YYYY
08 / 09 / 2008

Transaction ID: SA11AI.7501

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)
Elizabeth S Macmillan

Mailing Address 1560 Fox Street

City State Zip Code
Wayzata MN 55391

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) ▼ 2750.00

Date of Receipt MM / DD / YYYY
08 / 09 / 2008

Transaction ID: SA11AI.7503

Amount of Each Receipt this Period 450.00

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

C. Full Name (Last, First, Middle Initial)
Whitney MacMillan

Mailing Address 1560 Fox St.

City State Zip Code
Wayzata MN 55391

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) ▼ 1750.00

Date of Receipt MM / DD / YYYY
07 / 16 / 2008

Transaction ID: SA11AI.7982

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) 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 21 / 70
(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)
Whitney MacMillan

Mailing Address 1560 Fox St.

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) ▼ 2300.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2008

Transaction ID: SA11AI.7499

Amount of Each Receipt this Period
550.00

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

B.

Full Name (Last, First, Middle Initial)
Whitney MacMillan

Mailing Address 1560 Fox St.

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
08 / 09 / 2008

Transaction ID: SA11AI.7502

Amount of Each Receipt this Period
2300.00

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

C.

Full Name (Last, First, Middle Initial)
Samuel Marfield

Mailing Address 2455 North Shore Drive

City State Zip Code
Wayzata MN 55391

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

Name of Employer Self Employed Occupation Investor

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

Date of Receipt
MM / DD / YYYY
08 / 09 / 2008

Transaction ID: SA11AI.7494

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) ► **3350.00**

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 22 / 70
(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)
John M Martinez
Mailing Address 1320 Hunters Trail

City State Zip Code
Hope Mills NC 28348

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
US Army Pilot

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 804.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2008

Transaction ID: SA11AI.7949

Amount of Each Receipt this Period
201.00

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

B. Full Name (Last, First, Middle Initial)
Charles McCarthy
Mailing Address 1001 idso ct

City State Zip Code
St. Charles MN 55972

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Insurance & Financial Services

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2008

Transaction ID: SA11AI.7082

Amount of Each Receipt this Period
150.00

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

C. 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) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 01 / 2008

Transaction ID: SA11AI.7851

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) 551.00

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 23 / 70
(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)
Bharat B Mittal

Mailing Address 8101 S. County Line Road

City State Zip Code
Burr Ridge IL 60527

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Northwestern University Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 08 / 06 / 2008
Transaction ID: SA11AI.7596

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)
Brian J Moran

Mailing Address 815 Pasquinelli Drive

City State Zip Code
Westmont IL 60559

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Chicago Prostate Center Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2900.00

Date of Receipt 08 / 19 / 2008
Transaction ID: SA11AI.7200

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)
Truxtun Morrison

Mailing Address 1525 Hunter Dr.

City State Zip Code
Wayzata MN 55391

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 18 / 2008
Transaction ID: SA11AI.7252

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) 1700.00

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 24 / 70
	<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) George Munson		Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 19896 Cty Rd 6		Transaction ID: SA11AI.7782
	City Hanska	State MN	Zip Code 56041
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Retired	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Miller Myers		Date of Receipt MM / DD / YYYY 08 / 04 / 2008
	Mailing Address 19720 Lakeview Ave.		Transaction ID: SA11AI.7682
	City Excelsior	State MN	Zip Code 55331
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Elena Nedea		Date of Receipt MM / DD / YYYY 08 / 07 / 2008
	Mailing Address 330 Brookline Ave.		Transaction ID: SA11AI.8057
	City Boston	State MA	Zip Code 02215
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Beth Israel Deaconess Medical Center	Occupation Physician	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00
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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: (check only one)	PAGE 25 / 70
	<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) Mark Neeb		Date of Receipt MM / DD / YYYY 08 / 05 / 2008
	Mailing Address 2491 Hawk Hill Lane SW		Transaction ID: SA11AI.7669
	City Rochester	State MN	Zip Code 55902
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Affiliated Medical Group	Occupation Business Owner	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) Fred T Nobrega		Date of Receipt MM / DD / YYYY 07 / 03 / 2008
	Mailing Address 1118 Skyline Dr SW		Transaction ID: SA11AI.8047
	City Rochester	State MN	Zip Code 55902
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	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) Mohamed Nouri		Date of Receipt MM / DD / YYYY 08 / 15 / 2008
	Mailing Address 1920 S 1st St Apt 1001		Transaction ID: SA11AI.7330
	City Minneapolis	State MN	Zip Code 55454
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Self Employed	Occupation Real Estate	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)	▶	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 26 / 70

(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)
Mohamed Nouri

Mailing Address 1920 S 1st St Apt 1001

City State Zip Code
Minneapolis MN 55454

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

Name of Employer
Self Employed

Occupation
Real Estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.7331

Amount of Each Receipt this Period

1700.00

Contribution

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

B.

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

Mailing Address 4 Aspen Lane

City State Zip Code
North Oaks MN 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 ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 14 / 2008

Transaction ID: SA11AI.7364

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)
Donald G Oren

Mailing Address 3105 Sandy Hook Dr.

City State Zip Code
Roseville MN 55113

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

Name of Employer
Dart Transit Company

Occupation
President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 06 / 2008

Transaction ID: SA11AI.7591

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) ▶

3200.00

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 / 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) Larry Orth	Date of Receipt MM / DD / YYYY 08 / 04 / 2008
	Mailing Address 4609 Windslow Lane NW	Transaction ID: SA11AI.7674
	City State Zip Code Rochester MN 55901	Amount of Each Receipt this Period 150.00
	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 Occupation Calvary Free Evangel. Church Pastor Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Tim Owens	Date of Receipt MM / DD / YYYY 08 / 04 / 2008
	Mailing Address 1070 Ferndale Road W	Transaction ID: SA11AI.7677
	City State Zip Code Wayzata MN 55391	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 Occupation Voyager Financial Services President Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4300.00	

C.	Full Name (Last, First, Middle Initial) Tim Owens	Date of Receipt MM / DD / YYYY 08 / 04 / 2008
	Mailing Address 1070 Ferndale Road W	Transaction ID: SA11AI.7678
	City State Zip Code Wayzata MN 55391	Amount of Each Receipt this Period 300.00
	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 Occupation Voyager Financial Services President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00	

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 28 / 70
(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)
Jerry Pappenfuss
Mailing Address Box 767
City Winona State MN Zip Code 55987
FEC ID number of contributing federal political committee. **C**
Name of Employer Kage Radio Occupation Owner
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 08 / 09 / 2008
Transaction ID: SA11AI.7491
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)
Lowell Penz
Mailing Address 3775 Willow Ridge 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 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1750.00
Date of Receipt 07 / 03 / 2008
Transaction ID: SA11AI.8045
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)
Teresa Penz
Mailing Address 910 Historic Dr SW
City Rochester State MN Zip Code 55902
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00
Date of Receipt 07 / 31 / 2008
Transaction ID: SA11AI.8101
Amount of Each Receipt this Period 600.00
In-kind - Rent
 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 29 / 70
(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)
Andrew D Rule

Mailing Address 851 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) ▼

Date of Receipt
MM / DD / YYYY
07 / 03 / 2008

Transaction ID: SA11AI.8036

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)
John R Russell

Mailing Address 6408 Canebraise Rd

City State Zip Code
Mobile AL 36695

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

Name of Employer Occupation
The Cancer Center of S. Alabama Physician

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

Date of Receipt
MM / DD / YYYY
08 / 11 / 2008

Transaction ID: SA11AI.7418

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)
David Ryerse

Mailing Address 1520 Green Trees Road

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
EBC Company Lumber Sales

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

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.7337

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) ► **1000.00**

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 30 / 70
	<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) G.R. Sanders		Date of Receipt
	Mailing Address P.o. Box 30008		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 0 5 / 2 0 0 8
	City	State	Zip Code
	Winona	MN	55987
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.7668
		Amount of Each Receipt this Period	<input type="text"/> 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)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 400.00		

B.	Full Name (Last, First, Middle Initial) Duane Saunders		Date of Receipt
	Mailing Address 9901 Riverview Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 7 / 2 5 / 2 0 0 8
	City	State	Zip Code
	Eden Prairie	MN	55347
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.7917
		Amount of Each Receipt this Period	<input type="text"/> 500.00
Name of Employer Retired		Occupation Physical Therapist	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 500.00		

C.	Full Name (Last, First, Middle Initial) John Schallenkamp		Date of Receipt
	Mailing Address 6036 Sandalwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 0 4 / 2 0 0 8
	City	State	Zip Code
	Billings	MT	59106
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.7699
		Amount of Each Receipt this Period	<input type="text"/> 250.00
Name of Employer Billings Clinic		Occupation Physician	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 550.00		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 950.00
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: (check only one)	PAGE 31 / 70
	<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) Bron J Scherer		Date of Receipt
	Mailing Address 617 Turnberry Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 16 / 2008
	City	State	Zip Code
	Northfield	MN	55057
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Self Employed		Occupation Farmer/CPA	Transaction ID: SA11AI.7956
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text"/> 250.00
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 250.00	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) Hugh Schilling		Date of Receipt
	Mailing Address 354 Woodlawn Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 15 / 2008
	City	State	Zip Code
	St. Paul	MN	55105
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Horton Manufacturing		Occupation Ceo	Transaction ID: SA11AI.7332
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text"/> 750.00
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 2300.00	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) Hugh Schilling		Date of Receipt
	Mailing Address 354 Woodlawn Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 15 / 2008
	City	State	Zip Code
	St. Paul	MN	55105
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Horton Manufacturing		Occupation Ceo	Transaction ID: SA11AI.7333
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		<input type="text"/> 2300.00
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 4600.00	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"/> 3300.00
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 32 / 70
(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)
James E Senske

Mailing Address 18467 Bearpath Trail

City State Zip Code
Eden Prairie MN 55347

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

Name of Employer Occupation
Commerce Bank Business Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2008

Transaction ID: SA11AI.7941

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)
Tom Severson

Mailing Address 2026 Cheryl Ct.

City State Zip Code
Winona MN 55987

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

Name of Employer Occupation
Severson Oil Company President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.7338

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)
Thomas Stoffel

Mailing Address Trinity Medical Center - Dept. of

City State Zip Code
Moline IL 61265

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

Name of Employer Occupation
Information Requested Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2008

Transaction ID: SA11AI.7984

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) ► **1000.00**

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 33 / 70
	<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) Robert E Tetzloff		Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 5775 Wayzata Blvd. Suite #700		Transaction ID: SA11AI.7855
	City Minneapolis	State MN	Zip Code 55416
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 525.00
	Name of Employer Tetzloff and Holloway	Occupation CPA	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 525.00	

B.	Full Name (Last, First, Middle Initial) Mark Utley		Date of Receipt MM / DD / YYYY 08 / 20 / 2008
	Mailing Address 1996 10th Street SW		Transaction ID: SA11AI.7144
	City Buffalo	State MS	Zip Code 55313
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Production Technologies Inc.	Occupation Sales	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) William B Warlick		Date of Receipt MM / DD / YYYY 08 / 20 / 2008
	Mailing Address 2001 Stonebridge LN		Transaction ID: SA11AI.7093
	City Charlotte	State NC	Zip Code 28211
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Southeast Radiation Oncology	Occupation MD	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1025.00
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 34 / 70
(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)
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 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 600.00
Date of Receipt 07 / 03 / 2008
Transaction ID: SA11AI.8046
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)
Thelma White
Mailing Address 110 W Grant St Penthouse 33A
City Minneapolis State MN Zip Code 55403
FEC ID number of contributing federal political committee. **C**
Name of Employer TMCK & Associates Occupation Ceo
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 08 / 20 / 2008
Transaction ID: SA11AI.7072
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)
Timothy R Williams
Mailing Address 800 Meadows Rd
City Boca Raton State FL Zip Code 33486
FEC ID number of contributing federal political committee. **C**
Name of Employer Boca Raton Radiation Assoc Occupation Physician
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 3300.00
Date of Receipt 08 / 19 / 2008
Transaction ID: SA11AI.7179
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) ▶ 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: PAGE 35 / 70
(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)
Ronald L Wood

Mailing Address 13342 420th Avenue

City State Zip Code
Waseca MN 56093

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

225.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2008

Transaction ID: SA11AI.7763

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)
Gerald Woodley

Mailing Address 1923 Crestview Dr

City State Zip Code
New Ulm MN 56073

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

Name of Employer Retired Occupation Public School Teacher

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

225.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2008

Transaction ID: SA11AI.7248

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)
John Wren

Mailing Address 2261 Northbridge Ave. Circle

City State Zip Code
Stillwater MN 55082

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

Name of Employer Lakeville Motor Expressway Occupation Ceo

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

2000.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2008

Transaction ID: SA11AI.7386

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) ► **1075.00**

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 36 / 70
(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)
Yoshiya Yamada
Mailing Address 450 East 63 Street Apt 8L
City New York State NY Zip Code 10065
FEC ID number of contributing federal political committee. **C**
Name of Employer Mskcc Occupation Physician
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00
Date of Receipt 08 / 20 / 2008
Transaction ID: SA11AI.7083
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)
Jerry Zenke
Mailing Address 42846 Cty Rd 12
City Dakota State MN Zip Code 55925
FEC ID number of contributing federal political committee. **C**
Name of Employer Jerry Zenke Agency Occupation Insurance Agent
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00
Date of Receipt 08 / 15 / 2008
Transaction ID: SA11AI.7339
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)
Horst Zincke
Mailing Address 1232 19th Ave NE
City Rochester State MN Zip Code 55906
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Urologist
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00
Date of Receipt 08 / 20 / 2008
Transaction ID: SA11AI.7097
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) ▶ 600.00
TOTAL This Period (last page this line number only) ▶ 67039.00

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

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

FOR LINE NUMBER: PAGE 37 / 70
(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)
Jackson County Republican Party
Mailing Address 305 3rd St. SW

City State Zip Code
Lakefield MN 56150

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

Name of Employer Occupation

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
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11B.8083

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)
REPUBLICAN PARTY OF MINNESOTA
Mailing Address 525 PARK STREET
SUITE 250

City State Zip Code
ST PAUL MN 55103

FEC ID number of contributing federal political committee. **C** C00001313

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3850.00

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

Transaction ID: SA11B.8088

Amount of Each Receipt this Period
1350.00

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

C. Full Name (Last, First, Middle Initial)
Winona County Republican Party
Mailing Address PO Box 742

City State Zip Code
Winona MN 55987

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 8

Transaction ID: SA11B.8089

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) ► **2350.00**

TOTAL This Period (last page this line number only) ► **2350.00**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 70
(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)
NATIONAL VENTURE CAPITAL ASSOCIATION VENTUREPAC

Mailing Address 1655 N. Fort Myer Dr.
Suite 850

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00150367

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1500.00

Date of Receipt

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

Transaction ID: SA11C.8085

Amount of Each Receipt this Period
1500.00

Contribution

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

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 70
(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) ▼

211363.76

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

Transaction ID: SA11D.8091

Amount of Each Receipt this Period
2749.50

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)	▶	2749.50
TOTAL This Period (last page this line number only)	▶	2749.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 70
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" 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) Brian James Davis		Date of Receipt MM / DD / YYYY 08 / 20 / 2008
	Mailing Address 839 Amber Ridge Ln SW		Transaction ID: SA13A.8081
	City Rochester	State MN	Zip Code 55902
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24000.00
	Name of Employer Mayo Clinic	Occupation Physician	Loan From Personal Funds <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 208614.26	

B.	Full Name (Last, First, Middle Initial) Brian James Davis		Date of Receipt MM / DD / YYYY 08 / 20 / 2008
	Mailing Address 839 Amber Ridge Ln SW		Transaction ID: SA13A.8093
	City Rochester	State MN	Zip Code 55902
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100000.00
	Name of Employer Mayo Clinic	Occupation Physician	Loan From Line Of Credit <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 311363.76	

SUBTOTAL of Receipts This Page (optional)	124000.00
TOTAL This Period (last page this line number only)	124000.00

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) AT&T</p> <p>Mailing Address 10790 Parkridge Blvd Suite 100</p> <p>City Reston State VA Zip Code 20191</p> <p>Purpose of Disbursement Phone Expense</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: SB17.6963</p> <p>Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 156.94</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) AT&T</p> <p>Mailing Address 10790 Parkridge Blvd Suite 100</p> <p>City Reston State VA Zip Code 20191</p> <p>Purpose of Disbursement Phone Expense</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: SB17.6968</p> <p>Date of Disbursement 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 182.63</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) 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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.8071</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1299.43</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) ▶

1639.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Doug Baker Mailing Address 103 Kenilworth Ave N City Lanesboro State MN Zip Code 55949 Purpose of Disbursement Travel Expense 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: SB17.7039 Date of Disbursement 07 / 18 / 2008	Amount of Each Disbursement this Period 435.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Doug Baker Mailing Address 103 Kenilworth Ave N City Lanesboro State MN Zip Code 55949 Purpose of Disbursement Payroll 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: SB17.8074 Date of Disbursement 08 / 05 / 2008	Amount of Each Disbursement this Period 1299.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Charles Buhr Mailing Address 210 2nd Ave NW Apt 7 City Stewartville State MN Zip Code 55976 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: SB17.7033 Date of Disbursement 07 / 15 / 2008	Amount of Each Disbursement this Period 181.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1915.45
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)
Charles Buhr

Mailing Address 210 2nd Ave NW Apt 7

City Stewartville State MN Zip Code 55976

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.7050
Date of Disbursement

08 / 10 / 2008

Amount of Each Disbursement this Period

500.00

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

B.

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

Mailing Address 10969 Pierce St NE

City Blaine State MN Zip Code 55434

Purpose of Disbursement
Communications Consulting

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.7007
Date of Disbursement

07 / 02 / 2008

Amount of Each Disbursement this Period

11500.00

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

C.

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

Mailing Address 10969 Pierce St NE

City Blaine State MN Zip Code 55434

Purpose of Disbursement
Communications Consulting

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.7016
Date of Disbursement

07 / 09 / 2008

Amount of Each Disbursement this Period

1500.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

13500.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) 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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.7017</p> <p>Date of Disbursement 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1290.00</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) 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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.7052</p> <p>Date of Disbursement 08 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 6000.00</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) Charter Media</p> <p>Mailing Address 1530 Greenview Dr SW</p> <p>City Rochester State MN Zip Code 55902</p> <p>Purpose of Disbursement Advertising - Television</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: SB17.7055</p> <p>Date of Disbursement 08 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 6149.68</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) ▶

13439.68

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)
Comcast

Mailing Address 1500 Market St 33 Flr

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Cable Services

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.7057
Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

905.25

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

B.

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

Mailing Address 839 Amber Ridge Ln SW

City Rochester State MN Zip Code 55902

Purpose of Disbursement
In-kind - Mileage Expense

Candidate Name

Category/
Type

Office Sought: House Senate President

State: MN District: 01

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: SB17.8092
Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

2749.50

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

C.

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

Mailing Address 405 N 5th St Apt #420

City Mankato State MN Zip Code 56001

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.7023
Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

250.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3904.75

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) Andrew Eilers	Transaction ID: SB17.7038 Date of Disbursement 07 / 18 / 2008
	Mailing Address 405 N 5th St Apt #420	Amount of Each Disbursement this Period 548.34
	City Mankato State MN Zip Code 56001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expense 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) ▼

B.	Full Name (Last, First, Middle Initial) Andrew Eilers	Transaction ID: SB17.8075 Date of Disbursement 08 / 05 / 2008
	Mailing Address 405 N 5th St Apt #420	Amount of Each Disbursement this Period 1929.15
	City Mankato State MN Zip Code 56001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll 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) ▼

C.	Full Name (Last, First, Middle Initial) Ryan Griffin	Transaction ID: SB17.7036 Date of Disbursement 07 / 15 / 2008
	Mailing Address 1696 California Ave E	Amount of Each Disbursement this Period 500.00
	City St Paul State MN Zip Code 55106	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Endorsement 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) ▼

SUBTOTAL of Disbursements This Page (optional)	2977.49
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) Cassandra J Holmstrom Mailing Address 8440 Bradford Court City Inver Grove Height State MN Zip Code 55076 Purpose of Disbursement In-kind - Sign Rebar Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8067 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 8 Amount of Each Disbursement this Period 388.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Jason Johnson Mailing Address 4708 Valley Dr NW City Rochester State MN Zip Code 55901 Purpose of Disbursement Printer Supplies 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: SB17.7032 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8 Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Koch & Hoos LLC Mailing Address 901 N Washington St, Ste 102 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Accounting 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: SB17.7011 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 3475.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3938.53
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) Koch & Hoos LLC <hr/> Mailing Address 901 N Washington St, Ste 102 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Accounting Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.7046 Date of Disbursement 08 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 1612.53 <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 <hr/> Mailing Address 315 12th St SE <hr/> City Rochester State MN Zip Code 55904 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6946 Date of Disbursement 07 / 17 / 2008 <hr/> Amount of Each Disbursement this Period 85.32 <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 <hr/> Mailing Address 315 12th St SE <hr/> City Rochester State MN Zip Code 55904 <hr/> Purpose of Disbursement Fuel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6964 Date of Disbursement 07 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 62.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1760.45

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)
Kwik Trip - Rochester

Transaction ID: SB17.6978
Date of Disbursement

Mailing Address 315 12th St SE

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

City Rochester State MN Zip Code 55904

Amount of Each Disbursement this Period

58.43

Purpose of Disbursement
Fuel 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)
Kwik Trip - Rochester

Transaction ID: SB17.6985
Date of Disbursement

Mailing Address 315 12th St SE

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

City Rochester State MN Zip Code 55904

Amount of Each Disbursement this Period

60.29

Purpose of Disbursement
Fuel 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) ▼

C.

Full Name (Last, First, Middle Initial)
Kwik Trip - Rochester

Transaction ID: SB17.6995
Date of Disbursement

Mailing Address 315 12th St SE

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

City Rochester State MN Zip Code 55904

Amount of Each Disbursement this Period

55.73

Purpose of Disbursement
Fuel 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

174.45

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

<p>A. Full Name (Last, First, Middle Initial) Look Signs</p> <p>Mailing Address 5635 142nd Ave NW</p> <p>City Ramsey State MN Zip Code 55303</p> <p>Purpose of Disbursement Campaign Signs</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: SB17.7026</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="213.00"/></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</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: SB17.8079</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="352.37"/></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) 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</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: SB17.8080</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="936.31"/></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

<p>A. 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: SB17.7021</p> <p>Date of Disbursement 07 / 15 / 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>
<p>B. 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: SB17.7051</p> <p>Date of Disbursement 08 / 10 / 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>
<p>C. Full Name (Last, First, Middle Initial) MCI</p> <p>Mailing Address 205 N Michigan Ave Suite 2700</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Phone Expense</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: SB17.6965</p> <p>Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 23.32</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) ▶

1023.32

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) Minneapolis Club</p> <p>Mailing Address 729 Second Ave S</p> <p>City Minneapolis State MN Zip Code 55402</p> <p>Purpose of Disbursement Food & Beverage/Room Rental</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: SB17.7028</p> <p>Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 777.26</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) MLT Group</p> <p>Mailing Address 411 N Broadway</p> <p>City Rochester State MN Zip Code 55906</p> <p>Purpose of Disbursement Media Production</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: SB17.7004</p> <p>Date of Disbursement 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 640.30</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) MLT Group</p> <p>Mailing Address 411 N Broadway</p> <p>City Rochester State MN Zip Code 55906</p> <p>Purpose of Disbursement Media Production</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: SB17.7005</p> <p>Date of Disbursement 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 35.00</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) ▶

1452.56

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) 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: SB17.8068 Date of Disbursement 07 / 01 / 2008	Amount of Each Disbursement this Period 357.02 <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 Payroll Administration 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: SB17.8073 Date of Disbursement 07 / 10 / 2008	Amount of Each Disbursement this Period 59.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	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: SB17.8076 Date of Disbursement 08 / 05 / 2008	Amount of Each Disbursement this Period 1188.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	1604.80
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)
Teresa Penz

Mailing Address 910 Historic Dr SW

City Rochester State MN Zip Code 55902

Purpose of Disbursement

In-kind - Rent

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.8103

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

600.00

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

B.

Full Name (Last, First, Middle Initial)
Pinnacle Direct

Mailing Address 15260 113th St N

City Stillwater State MN Zip Code 55082

Purpose of Disbursement

Direct Mail

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.7006

Date of Disbursement

07 / 02 / 2008

Amount of Each Disbursement this Period

21142.18

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

C.

Full Name (Last, First, Middle Initial)
Pinnacle Direct

Mailing Address 15260 113th St N

City Stillwater State MN Zip Code 55082

Purpose of Disbursement

Direct Mail

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.7043

Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

4060.10

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

SUBTOTAL of Disbursements This Page (optional)

25802.28

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) Pinnacle Direct</p> <p>Mailing Address 15260 113th St N</p> <p>City Stillwater State MN Zip Code 55082</p> <p>Purpose of Disbursement Direct Mail</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: SB17.7044</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <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="990.06"/></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 REIMBURSEMENT: Mileage/Parking/Postage</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: SB17.7012</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <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="1184.49"/></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) 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: SB17.7013</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <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="2500.00"/></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) ▶

4674.55

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)
E. Roland

Mailing Address 9001 Lakeview Rd

City Bloomington State MN Zip Code 55438

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.7059
Date of Disbursement

07 / 02 / 2008

Amount of Each Disbursement this Period

15376.00

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

B.

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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.7018
Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

1250.00

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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.7041
Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

1250.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

17876.00

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

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

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

FOR LINE NUMBER: (check only one)

<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: SB17.7053</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <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>B.</p> <p>Full Name (Last, First, Middle Initial) Venture Computer Systems</p> <p>Mailing Address 3416 Lake Ridge Place</p> <p>City Rochester State MN Zip Code 55901</p> <p>Purpose of Disbursement Rent</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: SB17.7025</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></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) Venture Computer Systems</p> <p>Mailing Address 3416 Lake Ridge Place</p> <p>City Rochester State MN Zip Code 55901</p> <p>Purpose of Disbursement Rent</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: SB17.7047</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="199.98"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1699.98"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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) Victory Enterprises	Transaction ID: SB17.7008
	Mailing Address 5200 SW 30th St, Ste 7	Date of Disbursement MM / DD / YYYY 07 / 02 / 2008
	City Davenport State IA Zip Code 55903	Amount of Each Disbursement this Period 8725.35
	Purpose of Disbursement Campaign Literature/GOTV Consulting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.7009
	Mailing Address 5200 SW 30th St, Ste 7	Date of Disbursement MM / DD / YYYY 07 / 02 / 2008
	City Davenport State IA Zip Code 55903	Amount of Each Disbursement this Period 5696.14
	Purpose of Disbursement Campaign Literature/GOTV Consulting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.7010
	Mailing Address 5200 SW 30th St, Ste 7	Date of Disbursement MM / DD / YYYY 07 / 02 / 2008
	City Davenport State IA Zip Code 55903	Amount of Each Disbursement this Period 12100.00
	Purpose of Disbursement Campaign Literature/GOTV Consulting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	26521.49
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) Victory Enterprises Mailing Address 5200 SW 30th St, Ste 7 City Davenport State IA Zip Code 55903 Purpose of Disbursement Campaign Literature/Signs 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: SB17.7042 Date of Disbursement 07 / 28 / 2008
	Amount of Each Disbursement this Period 14233.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) Victory Enterprises Mailing Address 5200 SW 30th St, Ste 7 City Davenport State IA Zip Code 55903 Purpose of Disbursement Campaign Materials 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: SB17.7045 Date of Disbursement 08 / 10 / 2008
	Amount of Each Disbursement this Period 1031.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial) Victory Enterprises Mailing Address 5200 SW 30th St, Ste 7 City Davenport State IA Zip Code 55903 Purpose of Disbursement Direct Mail 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: SB17.7054 Date of Disbursement 08 / 15 / 2008
	Amount of Each Disbursement this Period 22748.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	38013.04
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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: SB17.6941 Date of Disbursement 07 / 08 / 2008 Amount of Each Disbursement this Period 27.99 <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: SB17.6944 Date of Disbursement 07 / 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: SB17.6945 Date of Disbursement 07 / 14 / 2008 Amount of Each Disbursement this Period 75.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

106.74

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) 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: SB17.6980 Date of Disbursement 08 / 08 / 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
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: SB17.6989 Date of Disbursement 08 / 13 / 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: SB17.6990 Date of Disbursement 08 / 13 / 2008 Amount of Each Disbursement this Period 69.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	75.50
TOTAL This Period (last page this line number only) ▶	163601.74

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 type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" 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)
Brian James Davis

Transaction ID: SB19A.7034
Date of Disbursement

Mailing Address 839 Amber Ridge Ln SW

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	8

City Rochester State MN Zip Code 55902

Amount of Each Disbursement this Period

100000.00

Purpose of Disbursement
Loan Repayment

--

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

Candidate Name

Category/Type

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

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

Transaction ID: SB19A.7035
Date of Disbursement

Mailing Address 839 Amber Ridge Ln SW

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	8

City Rochester State MN Zip Code 55902

Amount of Each Disbursement this Period

24000.00

Purpose of Disbursement
Loan Repayment

--

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

Candidate Name

Category/Type

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

124000.00

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

124000.00

SCHEDULE C (FEC Form 3)

LOANS

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

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

NAME OF COMMITTEE (In Full)
Brian Davis for Congress

Transaction ID: SC/10.5333

LOAN SOURCE Full Name (Last, First, Middle Initial)
Brian James Davis - [PERSONAL FUNDS]

Election:
 Primary
 General
 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	24000.00	0.00

TERMS

Date Incurred: Date Due: Interest Rate: % (apr) Secured: Yes 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 type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="0.00"/>
TOTALS This Period (last page in this line only)	<input type="text" value=".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

LOANS

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

NAME OF COMMITTEE (In Full)
Brian Davis for Congress

Transaction ID: SC/10.6910

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

Election:
 Primary
 General
 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	100000.00	0.00

TERMS

Date Incurred: M M 06 D D 30 Y Y Y Y 2008
 Date Due: None
 Interest Rate: 0.0000 % (apr)
 Secured: Yes 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)	▶	[] 0.00
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/10.8081

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 24000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 24000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred MM DD YYYY 08 20 2008	Date Due None	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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)	<input style="width: 100%;" type="text" value="24000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value=".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 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
--------------------------------------	------------------------------------	--

TERMS

Date Incurred MM DD YYYY 08 20 2008	Date Due None	Interest Rate 0.0000 % (apr)	Secured: <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 type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="10000.00"/>
TOTALS This Period (last page in this line only)	<input type="text" value="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 C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

 Supplementary for
 Information found on
 Page 67 / 70 of Schedule C

Name of Committee (in Full) Brian Davis for Congress		FEC IDENTIFICATION NUMBER C00435545	
Back Ref ID: SC/10.8093			
LENDING INSTITUTION (LENDER) Full Name Wells Fargo		Amount of Loan 100000.00	Interest Rate (APR) 5.50 %
Mailing Address 839 Amber Ridge Ln SW		Date Incurred or Established 06 30 2008	
City Rochester	State MN	Zip Code 55902	Date Due 7/10/2038
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred : _____			
B. If line of credit, Amount of this Draw: 100000.00		Total Outstanding balance : 100000.00	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <u>Real Estate</u>		What is the value of this collateral? 385000.00 Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? 0.00	
A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Date account established: _____		Location of account Address: City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Lori M. Lillienberg Signature _____		DATE 08 28 2008	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Not Applicable Signature _____		DATE 08 20 2008	
Title NA			

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 0.00	Transaction ID: SD10.8099	
Amount Incurred This Period 600.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 600.00

B. 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 4452.03	Transaction ID: SD10.6923	
Amount Incurred This Period 0.00	Payment This Period 3475.53	Outstanding Balance at Close of This Period 976.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MLT Group	Nature of Debt (Purpose): Media Production
Mailing Address 411 N Broadway	
City Rochester State MN ZIP Code 55906	

Outstanding Balance Beginning This Period 640.30	Transaction ID: SD10.5330	
Amount Incurred This Period 0.00	Payment This Period 640.30	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	1576.50
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Victory Enterprises			Nature of Debt (Purpose): Campaign Literature/GOTV Consulting
Mailing Address 5200 SW 30th St, Ste 7			
City Davenport	State IA	ZIP Code 55903	

Outstanding Balance Beginning This Period <input type="text" value="8725.35"/>		Transaction ID: SD10.5329	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="8725.35"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Victory Enterprises			Nature of Debt (Purpose): Campaign Materials/GOTV Consulting
Mailing Address 5200 SW 30th St, Ste 7			
City Davenport	State IA	ZIP Code 55903	

Outstanding Balance Beginning This Period <input type="text" value="5696.14"/>		Transaction ID: SD10.6922	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="5696.14"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="1576.50"/>
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="125576.50"/>

Image# 28932693192

Form/Schedule: **SB17**

Transaction ID: **SB17.7012**

No subvendors aggregate more than \$200 for this reimbursement.
