

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
TOM DAVIS FOR CONGRESS

ADDRESS (number and street) 6429 DOWNING COURT
 Check if different than previously reported. (ACC)
ANNANDALE VA 22003

2. **FEC IDENTIFICATION NUMBER** C00285932
CITY **STATE** **ZIP CODE**
STATE **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
VA 11

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 [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 01 01 2005 through 03 31 2005

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 Mrs. Mary Jane Sargent

Signature of Treasurer Electronically Filed by Mrs. Mary Jane Sargent Date 02 10 2007

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

TOM DAVIS FOR CONGRESS

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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)).....	280219.00	295319.00
(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)).....	280219.00	295319.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	111146.07	244641.33
(b) Total Offsets to Operating Expenditures (from Line 14).....	100.00	100.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	111046.07	244541.33
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1071493.53	
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).....	0.00	

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 02/2003)

Write or Type Committee Name
 TOM DAVIS FOR CONGRESS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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).....

208178.00

213928.00

(ii) Unitemized.....

12041.00

13391.00

(iii) TOTAL of contributions

220219.00

227319.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

60000.00

68000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

280219.00

295319.00

(add Lines 11(a)(iii), (b), (c), and (d))

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

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

100.00

100.00

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

0.00

2528.60

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

280319.00

297947.60

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	111146.07	244641.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	13580.00	51150.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	124726.07	295791.33

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	915900.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	280319.00
25. SUBTOTAL (add Line 23 and Line 24).....	1196219.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	124726.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1071493.53

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Ronald L. Adolphi

Mailing Address **5819 Jane Way**

City **Alexandria** State **VA** Zip Code **22310-1202**

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

Name of Employer **PriceWaterhouseCoopers** Occupation **Director**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2005

Transaction ID: SA11A1.4375

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Bonnie J. Ammon

Mailing Address **18671 Norborne Court**

City **Leesburg** State **VA** Zip Code **20176**

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

Name of Employer **NETSEC** Occupation **President**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2005

Transaction ID: SA11A1.4389

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Dana K. Anderson

Mailing Address **10509 Vestone Way**

City **Los Angeles** State **CA** Zip Code **90077**

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

Name of Employer **The Macerich Co.** Occupation **Real Estate**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2005

Transaction ID: SA11A1.5146

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. John W. Anderson

Mailing Address 317 Garnsey Road

City State Zip Code
Pittsford NY 14534

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

Name of Employer Occupation
Wilmorite Properties Inc. Pres. & CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2005

Transaction ID: SA11A1.4391

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Richard J. Andreano

Mailing Address 3829 Whitman Road

City State Zip Code
Annandale VA 22003

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

Name of Employer Occupation
Weiner Brodsky Sidman Kid-er PC Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2005

Transaction ID: SA11A1.4395

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Col. Quintus C. Atkinson

Mailing Address 12029 Sugarland Valley Drive

City State Zip Code
Herndon VA 20170-2604

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

Name of Employer Occupation
n/a Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 18 / 2005

Transaction ID: SA11A1.4399

Amount of Each Receipt this Period
250.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Greg Bardnell		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2005	
Mailing Address 509 River Forest Drive		Transaction ID: SA11A1.4411	
City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation PriceWaterhouseCoopers Partner	Election Cycle-to-Date 2006.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Mr. Buddy G. Beck		Date of Receipt M M / D D / Y Y Y Y 01 / 15 / 2005	
Mailing Address 10601 Shadow Lane		Transaction ID: SA11A1.4419	
City State Zip Code Fairfax Station VA 22039-2428	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation TransDigital Technology Executive	Election Cycle-to-Date 2006.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Mr. Thomas D. Bell, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2005	
Mailing Address 40 Valley Road		Transaction ID: SA11A1.4421	
City State Zip Code Atlanta GA 30305	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Cousins Properties Inc. Executive	Election Cycle-to-Date 2006.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Richard P. Bennett

Mailing Address 11558 Tralee Drive

City State Zip Code
Great Falls VA 22066-1363

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

Name of Employer best effort Occupation best effort

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2005

Transaction ID: SA11A1.4427

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. William T. Bohatch

Mailing Address 6183 Fred's Oak Road

City State Zip Code
Fairfax Station VA 22039

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

Name of Employer Price Waterhouse Coopers Occupation CPA

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2005

Transaction ID: SA11A1.4437

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Jonathan E. Bortz

Mailing Address 8805 Sleepy Hollow Lane

City State Zip Code
Potomac MD 20854-2583

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

Name of Employer LaSalle Hotel Properties Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2005

Transaction ID: SA11A1.4439

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Beau Boulter		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 5
Mailing Address 6932 Fairfax Drive No. 204		Transaction ID: SA11A1.4441
City Arlington State VA Zip Code 22213-1030	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Beau Boulter LLC	Occupation Consultant	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Mr. William Bransford		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 5
Mailing Address 3317 R Street NW		Transaction ID: SA11A1.4449
City Washington State VA Zip Code 22182	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Shaw Bransford Veilleux & Roth PC	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Hon. Joel T. Broyhill		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 5
Mailing Address 4845 Old Dominion Drive		Transaction ID: SA11A1.4453
City Arlington State VA Zip Code 22207	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Retired	
Receipt For: 2006 <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) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dr. Liliana Calkins		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2005
Mailing Address 109 Gresham Place		Transaction ID: SA11A1.4465
City Falls Church	State VA	Zip Code 22046-3440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer DC Children's Hospital	Occupation Orthodontist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Mr. Matthew Calkins		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2005
Mailing Address 109 Gresham Place		Transaction ID: SA11A1.4467
City Falls Church	State VA	Zip Code 22046-3440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Appian Corp	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Mr. Daniel J. Callahan, III		Date of Receipt M M / D D / Y Y Y Y Y 01 / 18 / 2005
Mailing Address 107 Windward Court		Transaction ID: SA11A1.4469
City Stevensville	State MD	Zip Code 21666
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer n/a	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <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)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Thomas A. Carr

Mailing Address 3512 Rittenhouse Street NW

City Washington State DC Zip Code 20015

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

Name of Employer Carr America Realty Corp. Occupation President - CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2005

Transaction ID: SA11A1.4482

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Giuseppe Cecchi

Mailing Address 1209 Aldebaran Drive

City McLean State VA Zip Code 22101-2304

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

Name of Employer IDI Management Inc. Occupation Pres.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2005

Transaction ID: SA11A1.4490

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. James C. Chadwick

Mailing Address 17212 Village Lane

City Dallas State TX Zip Code 75248

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

Name of Employer Patton Boggs LLP Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2005

Transaction ID: SA11A1.4494

Amount of Each Receipt this Period
2000.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Col. Francis X. Chambers, Jr.

Mailing Address 10041 Lake Occoquan Drive

City	State	Zip Code
Manassas	VA	22111

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

Name of Employer Aviation Facilities Co. Inc.	Occupation Aviation Facilities Developer
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00

Date of Receipt
03 / 02 / 2005

Transaction ID: SA11A1.5148

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Gary D. Chamblee

Mailing Address 8636 Ellard Drive

City	State	Zip Code
Alpharetta	GA	30022

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

Name of Employer PriceWaterhouseCoopers	Occupation CPA
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00

Date of Receipt
03 / 02 / 2005

Transaction ID: SA11A1.4496

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Mel Chaskin

Mailing Address 12025 Seven Hills Lane

City	State	Zip Code
Clifton	VA	20124

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

Name of Employer Vanguard Research Inc	Occupation Pres./CEO
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00

Date of Receipt
01 / 15 / 2005

Transaction ID: SA11A1.4498

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Charles T. Chiang

Mailing Address 4060 South 28th Street

City Arlington State VA Zip Code 22206

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

Name of Employer Charlie Chiang's Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2005

Transaction ID: SA11A1.4500

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Donald B. Christian

Mailing Address 11732 Pindell Chase Drive

City Fullerton State MD Zip Code 20759

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

Name of Employer PriceWaterhouseCoopers Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2005

Transaction ID: SA11A1.4508

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Martin Cicco

Mailing Address 100 Old Palisades Road
TH 7

City Fort Lee State NJ Zip Code 07424

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

Name of Employer Merrill Lynch Occupation Investment Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2005

Transaction ID: SA11A1.4514

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Peter John Clare		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2005	
Mailing Address 5406 Albemarle Street		Transaction ID: SA11A1.4516	
City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The Carlyle Group	Occupation Executive		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Mr. Richard B. Clark, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2005	
Mailing Address One Liberty Plaza - 6th Floor c/o Brookfield Properties Corp		Transaction ID: SA11A1.4518	
City State Zip Code New York NY 10006	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Brookfield Properties Corp	Occupation President & CEO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Mr. C. Daniel Clemente		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2005	
Mailing Address 6908 Benjamin Street		Transaction ID: SA11A1.4520	
City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Bernard H. Clineburg

Mailing Address 2707 North Wakefield Street

City State Zip Code
Arlington VA 22207

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

Name of Employer Cardinal Bank Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2005

Transaction ID: SA11A1.4522

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Frank C Collins, III

Mailing Address 9067 Towerhouse Place

City State Zip Code
Alexandria VA 22308

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

Name of Employer Northpoint Strategies Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2005

Transaction ID: SA11A1.4524

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. William E. Conway, Jr.

Mailing Address 6501 Menlo Road

City State Zip Code
McLean VA 22101

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

Name of Employer The Caryle Group Occupation Execriive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2005

Transaction ID: SA11A1.4532

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Arthur M. Coppola		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2005
Mailing Address 4619 Rome Court		Transaction ID: SA11A1.4536
City State Zip Code Marina del Rey CA 90292	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Macerich Co.	Occupation President & CEO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Edmund B. Cronin, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2005
Mailing Address 6110 Executive Boulevard Suite 800		Transaction ID: SA11A1.4540
City State Zip Code Rockville MD 20852-3927	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Washington Real Estate Investment Trus	Occupation Real Estate Investments	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Michael A. Daniels		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2005
Mailing Address 2030 Spring Branch Drive		Transaction ID: SA11A1.4542
City State Zip Code Vienna VA 22181	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer SAIC	Occupation Buusinessman	
Receipt For: 2006 <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) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Stephen Daoust		Date of Receipt MM / DD / YYYY 02 / 23 / 2005
Mailing Address 14314 Cartwright Way		Transaction ID: SA11A1.4544
City North Potomac	State MD	Zip Code 20878-4809
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer PriceWaterhouseCoopers	Occupation Assist. General Counsel	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Patrick J. Dean		Date of Receipt MM / DD / YYYY 01 / 18 / 2005
Mailing Address 26105 Wendell Street		Transaction ID: SA11A1.4550
City South Riding	State VA	Zip Code 20152-3404
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Associated Builders & Contractor	Occupation Assoc. Executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Michael Deich		Date of Receipt MM / DD / YYYY 03 / 21 / 2005
Mailing Address 3807 North Dittmar Road		Transaction ID: SA11A1.4554
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Van Scoyoc Associates	Occupation Vice Pres.	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <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)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Michael J. Demeo		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2005	
Mailing Address 542 North Saint Asaph Street		Transaction ID: SA11A1.4555	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer SAIC Occupation Analyst	Election Cycle-to-Date 600.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Mr. Barry L. Dennis		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2005	
Mailing Address 3116 North 2nd Road		Transaction ID: SA11A1.4557	
City State Zip Code Arlington VA 22201	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PriceWaterhouseCoopers Occupation Economist	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Mr. Ronald C. Devine		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2005	
Mailing Address 6403 Burke Woods Drive		Transaction ID: SA11A1.4563	
City State Zip Code Burke VA 22015	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer A&R Foods Occupation Burger King Franchisee	Election Cycle-to-Date 2000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Michael Donahue

Mailing Address 3500 Old Trail

City State Zip Code
Edgewater MD 21037-2701

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

Name of Employer Occupation
PriceWaterhouseCoopers LLP IT Auditor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2005

Transaction ID: SA11A1.4569

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Gordon Du Gan

Mailing Address 116 East 63rd Street
Apt. 3-C

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
W. P. Carey LLC President & CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2005

Transaction ID: SA11A1.4573

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Robert G. Efrus

Mailing Address 9604 Savannah Crossing Court

City State Zip Code
Vienna VA 22182

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

Name of Employer Occupation
The Implementation Group Inc. Vice Pres.

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 21 / 2005

Transaction ID: SA11A1.4575

Amount of Each Receipt this Period
1000.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Charles B. Ewing, Jr.

Mailing Address 1322 Merchant Lane

City State Zip Code
McLean VA 22101-2413

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

Name of Employer n/a Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: SA11A1.4587

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Martin Faga

Mailing Address 3166 Juniper Lane

City State Zip Code
Falls Church VA 22044-1814

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

Name of Employer Mitre Corp Occupation VP

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11A1.4589

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Scott G. Fass

Mailing Address 17935 Wheatridge Drive

City State Zip Code
Germantown MD 20874

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

Name of Employer PriceWaterhouseCoopers Occupation Managing Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 0 5

Transaction ID: SA11A1.4591

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Kenneth J. Feld

Mailing Address 8607 Westwood Center Drive

City State Zip Code
Vienna VA 22182

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

Name of Employer Occupation
FELD Entertainment Inc. CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 21 / 2005

Transaction ID: SA11A1.5150

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Kenneth G. Feng

Mailing Address 6215 Winnepeg Drive

City State Zip Code
Burke VA 22015

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

Name of Employer Occupation
US GAO Auditor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 17 / 2005

Transaction ID: SA11A1.4593

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Francis A. Finelli

Mailing Address 10621 Donovans Hill Drive

City State Zip Code
Fairfax Station VA 22039

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

Name of Employer Occupation
The Carlyle Group Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2005

Transaction ID: SA11A1.4595

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Lawrence A. Fineran		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2005	
Mailing Address 3740-A Madison Lane		Transaction ID: SA11A1.4597	
City State Zip Code Falls Church VA 22041	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Nat'l Assn. of Manufacturers	Occupation Gov't Relations		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mr. B. Mark Fried		Date of Receipt M M / D D / Y Y Y Y 02 / 17 / 2005	
Mailing Address 5924 Fried Farm Road		Transaction ID: SA11A1.4609	
City State Zip Code Crozet VA 22932	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Self	Occupation Developer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Mrs. Barbara J. Fried		Date of Receipt M M / D D / Y Y Y Y 02 / 17 / 2005	
Mailing Address 6551 Loisdale Court Suite 900		Transaction ID: SA11A1.4611	
City State Zip Code Springfield VA 22150	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer The Fried Companies	Occupation General Council		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. William L. Friend		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 5	
Mailing Address 1311 Balantrae Farm Drive		Transaction ID: SA11A1.4613	
City State Zip Code McLean VA 22101		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n/a Occupation Retired			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

B. Full Name (Last, First, Middle Initial) Mrs. Ann E. Gardner		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 5	
Mailing Address 6501 West Langley Lane		Transaction ID: SA11A1.4618	
City State Zip Code McLean VA 22101		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n/a Occupation Homemaker			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1250.00	

C. Full Name (Last, First, Middle Initial) Mr. Theodore J. Georgelas		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 5	
Mailing Address 1022 Towlston Road		Transaction ID: SA11A1.4622	
City State Zip Code McLean VA 22102		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The Georgelas Companies Occupation Executive			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	4250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Robert Glasser		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2005	
Mailing Address 6605 Bay Tree Lane		Transaction ID: SA11A1.4626	
City Falls Church	State VA	Zip Code 22041	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer State Information Technology Consortiu	Occupation Attorney	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ms. Melissa S. Glynn		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2005	
Mailing Address 711 Fifth Street SE		Transaction ID: SA11A1.4628	
City Washington	State DC	Zip Code 20003	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PriceWaterhouseCoopers	Occupation Consultant	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. William H. Goodwin, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2005	
Mailing Address 901 East Cary Street One James Center - Suite 1500		Transaction ID: SA11A1.4630	
City Richmond	State VA	Zip Code 23219	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer CAA Industries Inc.	Occupation Businessman	Election Cycle-to-Date ▼ 2000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Willis D. Gradison, Jr.

Mailing Address 1031 Savile Lane

City State Zip Code
McLean VA 22101

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

Name of Employer Public Company Accounting Oversight Bo
Occupation Board Member

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 17 / 2005

Transaction ID: SA11A1.4634

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Theodore S. Haddad

Mailing Address P.O. Box 1081

City State Zip Code
Falls Church VA 22041-0081

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

Name of Employer Nuggett Consulting Inc.
Occupation Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2005

Transaction ID: SA11A1.4648

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Dewitt T. Hardin, III

Mailing Address 705 Kings Court

City State Zip Code
Alexandria VA 22302-4013

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

Name of Employer Northpoint Strategies
Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2005

Transaction ID: SA11A1.4660

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. T. Dean Harton		Date of Receipt M M / D D / Y Y Y Y Y 03 / 04 / 2005
Mailing Address P.O. Box 61000		Transaction ID: SA11A1.4662
City State Zip Code Charleston SC 29419	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Piedmont Hawthorne Holdings Inc.	Occupation Vice Chairman	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Robert V. L. Hartwell		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2005
Mailing Address 6718 Stoneybrook Lane		Transaction ID: SA11A1.4664
City State Zip Code Alexandria VA 22306-1641	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Hartwell Capitol Consulting LLC	Occupation Executive	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Mr. John T. Hazel, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 02 / 03 / 2005
Mailing Address P.O. Box 1667		Transaction ID: SA11A1.4670
City State Zip Code Manassas VA 20108	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. John T. Hazel, Jr.

Mailing Address P.O. Box 1667

City State Zip Code
Manassas VA 20108

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

Name of Employer n/a Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **3000.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2005

Transaction ID: SA11A1.4671

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Hugh R. Heishman

Mailing Address 12810 Wycklow Drive

City State Zip Code
Clifton VA 20124-1619

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

Name of Employer n/a Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y
02 / 10 / 2005

Transaction ID: SA11A1.4673

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. W. McKay Henderson

Mailing Address 1454 Mayhurst Boulevard

City State Zip Code
McLean VA 22102

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

Name of Employer PriceWaterhouseCoopers Occupation Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2005

Transaction ID: SA11A1.4677

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Alan M. Holt		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2005
Mailing Address 1001 Pennsylvania Avenue NW Suite 220 South		Transaction ID: SA11A1.4685
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer The Carlyle Group	Occupation Executive	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Mr. John F. Hornick		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2005
Mailing Address 1722 Thirteenth Street NW		Transaction ID: SA11A1.4687
City Washington State DC Zip Code 20009-4355	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Finnegan Henderson Farabow Garrett & D	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mr. Robert K. Huffman		Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2005
Mailing Address 1113 Waverly Way		Transaction ID: SA11A1.4691
City McLean State VA Zip Code 22101	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Miller & Chevalier	Occupation Lawyer	
Receipt For: 2006 <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) ▶	2550.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. John D. Hunt		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2005
Mailing Address 42813 Heritage Oak Court		Transaction ID: SA11A1.4693
City State Zip Code Ashburn VA 20148	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer PriceWaterhouseCoopers	Occupation Principal	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. David L. Hunter		Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2005
Mailing Address 13482 Sunset Lakes Circle		Transaction ID: SA11A1.4695
City State Zip Code Winter Garden FL 34787	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Mr. Nicholas E. Karangelen		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2005
Mailing Address 3100 North Nelson Street		Transaction ID: SA11A1.4719
City State Zip Code Arlington VA 22207	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Trident Data Systems	Occupation President	
Receipt For: 2006 <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) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dr. Cyrus J. Katzen		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 5
Mailing Address 6031 Leesburg Pike P.O. Box 1040		Transaction ID: SA11A1.4723
City Falls Church State VA Zip Code 22041	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Dentist - Real Estate	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Mr. Jeffery M. Kaye		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 5
Mailing Address 13554 Northbourne Drive		Transaction ID: SA11A1.4727
City Centreville State VA Zip Code 20120	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer AEConcert.Org Occupation President	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Mr. Edward F. Kearney		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 5
Mailing Address 4805 Birch Lane		Transaction ID: SA11A1.4729
City Alexandria State VA Zip Code 22312	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Kearney & Co. Occupation CPA	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Robert R. Keehan

Mailing Address 1113 Old Cedar Road

City State Zip Code
McLean VA 22102-2440

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

Name of Employer PriceWaterhouseCoopers Occupation CPA

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2005

Transaction ID: SA11A1.4731

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Jean M. Kitonis

Mailing Address 9760 Tico Lane

City State Zip Code
Bristow VA 20136

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

Name of Employer Occupation homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2005

Transaction ID: SA11A1.4747

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Walter P. Kitonis, III

Mailing Address 9760 Tico Lane

City State Zip Code
Bristow VA 20136

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

Name of Employer Progeny Systems Corp. Occupation President CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2005

Transaction ID: SA11A1.4749

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Paul J. Klaassen		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 5
Mailing Address 9050 Falls Run Road		Transaction ID: SA11A1.4751
City State Zip Code McLean VA 22102	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Sunrise Senior Living	Occupation CEO & Chairman	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Mr. William E. Kovacic		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 5
Mailing Address 7575 Dunquin Court		Transaction ID: SA11A1.4755
City State Zip Code Clifton VA 22024	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer GWU Law School	Occupation Professor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Richard L. Krauss		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 5
Mailing Address 3249 Cismont Court		Transaction ID: SA11A1.4757
City State Zip Code Woodbridge VA 22192-3355	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occoquan Harbour Marina Inc.	Occupation Executive	
Receipt For: 2006 <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) ▶	3250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms. Karen K. Krey		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2005	
Mailing Address 12 Greenway Plaza Suite 1100		Transaction ID: SA11A1.4761	
City Houston State TX Zip Code 77046	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer BFL Associates Occupation Managing Director	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Mr. Eugene W. Landy		Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2005	
Mailing Address 3499 Route 9 North Suite 3-C		Transaction ID: SA11A1.4771	
City Freehold State NJ Zip Code 07728	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Monmouth Real Estate Investment Corp. Occupation CEO	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Mr. Jay P. Leupp		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2005	
Mailing Address 2045 Geri Lane		Transaction ID: SA11A1.4779	
City Hillsborough State CA Zip Code 94010	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer BBC Capital Markets Occupation Managing Director	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Matthew E. Liberty		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2005
Mailing Address 1536 Westmoreland Street		Transaction ID: SA11A1.4783
City State Zip Code McLean VA 22101-4325	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer PriceWaterhouseCoopers	Occupation Marketing	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Robert C. Lieber		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2005
Mailing Address 5 Woods Lane		Transaction ID: SA11A1.4785
City State Zip Code Scarsdale NY 10583-6407	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Lehman Bros.	Occupation Managing Director	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Edward H. Linde		Date of Receipt M M / D D / Y Y Y Y 02 / 10 / 2005
Mailing Address 265 Country Drive		Transaction ID: SA11A1.4787
City State Zip Code Weston MA 02193	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Boston Properties Inc.	Occupation Pres. & CEO	
Receipt For: 2006 <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) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Bjorn F. Lindgren		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2005
Mailing Address 12 Greenway Plaza Suite 1222		Transaction ID: SA11A1.4789
City Houston State TX Zip Code 77046	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer BFL Associates LTD Occupation Consultant	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Mr. John W. Lyon		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2005
Mailing Address 960 Cape Marco Drive No. 502		Transaction ID: SA11A1.4791
City Marco Island State FL Zip Code 34145	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Retired	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Edward W. Machir		Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2005
Mailing Address 3400 P Street NW		Transaction ID: SA11A1.4793
City Washington State DC Zip Code 20007-2706	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer PriceWaterhouseCoopers Occupation CPA	Receipt For: 2006 <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)	3500.00
TOTAL This Period (last page this line number only)	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CDR T. E. Magee		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2005	
Mailing Address 2201 Eucalyptus Avenue Hold Mail - MAC E2429-011		Transaction ID: SA11A1.4799	
City Escondido	State CA	Zip Code 92029-5549	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Lockheed / Orin Con.	Occupation President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Mr. Dennis E. Mastie		Date of Receipt M M / D D / Y Y Y Y 01 / 15 / 2005	
Mailing Address 6212 Elati Court		Transaction ID: SA11A1.4807	
City Alexandria	State VA	Zip Code 22310	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Real Estate Development		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Mr. Patrick J. McCarthy		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2005	
Mailing Address 810 Grandview Drive		Transaction ID: SA11A1.4813	
City Alexandria	State VA	Zip Code 22305-1209	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Friedman Billings Ramsey	Occupation Executive		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Robert N. McFarland

Mailing Address 3314 R Street NW

City Washington State DC Zip Code 20007

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

Name of Employer US DoVA Occupation Assist Sect'y

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2005

Transaction ID: SA11A1.4821

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Patrick H. McGettigan

Mailing Address 3327 N Street NW

City Washington State DC Zip Code 20007-2808

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

Name of Employer Landmark Systems Corp. Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 17 / 2005

Transaction ID: SA11A1.4823

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Daniel G. McGinn

Mailing Address 1842 North Hartford Street

City Arlington State VA Zip Code 22201

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

Name of Employer Self Occupation Business Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 25 / 2005

Transaction ID: SA11A1.4825

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Scott R. McIntyre		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 5
Mailing Address 20439 Swecker Farm Place		Transaction ID: SA11A1.4827
City State Zip Code Potomac Falls VA 20165-4781	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer PriceWaterhouseCoopers	Occupation Consultant	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Mr. Patrick L. McNamee		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 5
Mailing Address 9100 Wexford Drive		Transaction ID: SA11A1.4831
City State Zip Code Vienna VA 22182-2154	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer PriceWaterhouseCoopers	Occupation CPA	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Paul McQuillan		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 5
Mailing Address P.O. Box 19612		Transaction ID: SA11A1.4835
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer PriceWaterhouseCoopers	Occupation Sales	
Receipt For: 2006 <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) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Patrick D. McSwain		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2005
Mailing Address 8701 Eaglebrook Court		Transaction ID: SA11A1.4837
City State Zip Code Alexandria VA 22308-2605	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Northpoint Strategies Executive	Election Cycle-to-Date 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Thomas M. Meagher		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2005
Mailing Address 6 Barrett Street		Transaction ID: SA11A1.4839
City State Zip Code Palmyra VA 22963-2555	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Friedman Billings Ramsey Executive	Election Cycle-to-Date 2000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2000.00	

Full Name (Last, First, Middle Initial) C. Mr. Gilbert G. Menna		Date of Receipt M M / D D / Y Y Y Y 02 / 17 / 2005
Mailing Address 21 Smith Street		Transaction ID: SA11A1.4841
City State Zip Code Dover MA 02030	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Goodwin Procter LLP Attorney	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	250.00	

SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	3250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Charles P. Miller		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2005	
Mailing Address 5916 Carnegie Lane		Transaction ID: SA11A1.4850	
City State Zip Code Plano TX 75093	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Patton Boggs LLP	Occupation Partner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Mr. Ned H. Miller		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2005	
Mailing Address 17160 Spring Creek Lane		Transaction ID: SA11A1.4854	
City State Zip Code Leesburg VA 20176	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer InfoTech Software	Occupation Executive		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Hamid R. Moghadam		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2005	
Mailing Address 2990 Vallejo Street		Transaction ID: SA11A1.4862	
City State Zip Code San Francisco CA 94123	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer AMB Property Corp.	Occupation COB & CEO		
Receipt For: 2006 <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) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mrs. Constance B. Moore		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2005	
Mailing Address 3030 Washington Street		Transaction ID: SA11A1.4866	
City State Zip Code San Francisco CA 84115	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer BRE Properties Inc. Occupation Executive	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) B. Mr. Steven M. Moore		Date of Receipt M M / D D / Y Y Y Y Y 03 / 04 / 2005	
Mailing Address 1751 Pinnacle Drive Suite 800		Transaction ID: SA11A1.4868	
City State Zip Code McLean VA 22102	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer PriceWaterhouseCoopers Occupation Partner	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) C. Mr. Timothy G. Morgan		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2005	
Mailing Address 1303 Meadow Glen Drive		Transaction ID: SA11A1.4872	
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer PriceWaterhouseCoopers LLC Occupation Accountant	Receipt For: 2006 <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) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Steven Patrick Mullins		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2005
Mailing Address 1127 Walker Road		Transaction ID: SA11A1.4876
City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Secure Elements Inc.	Occupation CFO & COO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Fernando Murias		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2005
Mailing Address 12724 Greenbriar Road		Transaction ID: SA11A1.4878
City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer PriceWaterhouseCoopers	Occupation Partner	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Robert Nakamoto		Date of Receipt M M / D D / Y Y Y Y 02 / 17 / 2005
Mailing Address 18505 Bear Creek Terrace		Transaction ID: SA11A1.4884
City State Zip Code Leesburg VA 20176-7424	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Base Technologies Inc.	Occupation Chairman	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Christopher J. Nassetta

Mailing Address 2904 North Dinwiddie Street

City State Zip Code
Arlington VA 22207-2751

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

Name of Employer Occupation
Host Marriott Corp President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA11A1.4892

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Edward J. Newberry

Mailing Address 8214 Hunting Hill Lane

City State Zip Code
McLean VA 22102

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

Name of Employer Occupation
Patton Boggs LLP Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 1 / 2 0 0 5

Transaction ID: SA11A1.4896

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Charles D. Nottingham

Mailing Address 216 Caroline Street

City State Zip Code
Fredericksburg VA 22401

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

Name of Employer Occupation
US DOT Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 3 / 2 0 0 5

Transaction ID: SA11A1.4898

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Gary L. O'Banion

Mailing Address 12123 Kinsley Place

City State Zip Code
Reston VA 20190

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

Name of Employer PriceWaterhouseCoopers Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2005

Transaction ID: SA11A1.4900

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Dennis D. Oklak

Mailing Address 11352 Treyburn Drive

City State Zip Code
Fishers IN 46038

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

Name of Employer Duke Realty Corp. Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2005

Transaction ID: SA11A1.4904

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Adam J. Palmer

Mailing Address 1533 P Street NW

City State Zip Code
Washington DC 20005-1968

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

Name of Employer The Carlyle Group Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2005

Transaction ID: SA11A1.4912

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Andrew M. Parmentier		Date of Receipt M M / D D / Y Y Y Y Y 03 / 04 / 2005
Mailing Address 2700 Virginia Avenue NW Watergate West #1506		Transaction ID: SA11A1.4914
City Washington State DC Zip Code 20037	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Friedman Billings Ramsey Group Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Mr. Carter Pate		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2005
Mailing Address 1123 Litton Lane		Transaction ID: SA11A1.4364
City McLean State VA Zip Code 22101	Amount of Each Receipt this Period 818.00	
FEC ID number of contributing federal political committee. C		In-kind - fundraiser- Atlantic Valet <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer PriceWaterhouseCoopers Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Managibg Director Election Cycle-to-Date ▼ 818.00	

Full Name (Last, First, Middle Initial) C. Mr. Carter Pate		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2005
Mailing Address 1123 Litton Lane		Transaction ID: SA11A1.4366
City McLean State VA Zip Code 22101	Amount of Each Receipt this Period 240.00	
FEC ID number of contributing federal political committee. C		In-kind - fundraiser- Susan Gage Caterer <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer PriceWaterhouseCoopers Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Managibg Director Election Cycle-to-Date ▼ 1058.00	

SUBTOTAL of Receipts This Page (optional)	3058.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Carter Pate

Mailing Address 1123 Litton Lane

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
PriceWaterhouseCoopers Managibg Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1178.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2005

Transaction ID: SA11A1.4368

Amount of Each Receipt this Period
120.00

In-kind - fundraiser- Atl-antic Valet
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. George J. Pedersen

Mailing Address 700 Potomac Knolls Drive

City State Zip Code
McLean VA 22102-1422

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

Name of Employer Occupation
ManTech Corp President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2005

Transaction ID: SA11A1.4922

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Donald W. Phillips

Mailing Address 1751 Pinnacle Drive

City State Zip Code
McLean VA 22102

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

Name of Employer Occupation
PriceWaterhouseCoopers CPA

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2005

Transaction ID: SA11A1.4932

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2620.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Sterling E. Phillips, Jr.

Mailing Address 4 Beman Woods Court

City State Zip Code
Potomac MD 20854

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

Name of Employer Occupation
Analex Corp. Pres.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2005

Transaction ID: SA11A1.4934

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Radhakrishnan C. Pillai

Mailing Address 1045 Brook Valley Lane

City State Zip Code
McLean VA 22102

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

Name of Employer Occupation
Comter Systems Inc. CFO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2005

Transaction ID: SA11A1.4936

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. James E. Porter

Mailing Address 8107 Long Shadows Drive

City State Zip Code
Fairfax Station VA 22039

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

Name of Employer Occupation
PriceWaterhouseCoopers LLP Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 23 / 2005

Transaction ID: SA11A1.4942

Amount of Each Receipt this Period
2000.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. E. Bryson Powell		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 5	
Mailing Address P.O. Box 190		Transaction ID: SA11A1.4944	
City Manakin-Sabot	State VA	Zip Code 23103	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Midlothian Enterprises	Occupation President	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) B. Mr. Sanjay K. Puri		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 5	
Mailing Address 4455 Brookehill Corporate Drive		Transaction ID: SA11A1.4950	
City Chantilly	State VA	Zip Code 20151	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Optimos Corp	Occupation CEO	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) C. Mrs. Julie C. Quinn		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5	
Mailing Address 43997 Indian Fields Court		Transaction ID: SA11A1.4952	
City Leesburg	State VA	Zip Code 20176	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer PriceWaterhouseCoopers	Occupation Consultant	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Peter D. Raymond		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2005	
Mailing Address 11707 Blue Smoke Trail		Transaction ID: SA11A1.4958	
City State Zip Code Reston VA 20191	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PriceWaterhouseCoopers	Occupation Partner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Mr. Nelson C. Rising		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2005	
Mailing Address 201 Mission Street 2nd Floor		Transaction ID: SA11A1.4966	
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Catellus Development Corp.	Occupation Chairman & CEO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Mr. Charles H. Robbins		Date of Receipt M M / D D / Y Y Y Y 01 / 15 / 2005	
Mailing Address 8580 Cinderbed Road Suite 2400		Transaction ID: SA11A1.4968	
City State Zip Code Newington VA 22122	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer CRA Associates Inc.	Occupation Pres./CEO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Charles H. Robbins		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2005
Mailing Address 8580 Cinderbed Road Suite 2400		Transaction ID: SA11A1.4969
City State Zip Code Newington VA 22122	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer CRA Associates Inc.	Occupation Pres./CEO	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. Mr. Samuel A. Rocks		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2005
Mailing Address 845 Whann Avenue		Transaction ID: SA11A1.4971
City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Rocks Engineering	Occupation Vice President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Robert M. Rosenthal		Date of Receipt M M / D D / Y Y Y Y 01 / 17 / 2005
Mailing Address 1100 South Glebe Road		Transaction ID: SA11A1.4981
City State Zip Code Arlington VA 22204-4309	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Rosenthal Auto Inc.	Occupation Executive	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Ali A. Saadat		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2005	
Mailing Address 6912 Benjamin Street		Transaction ID: SA11A1.4989	
City State Zip Code McLean VA 22101-1504	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Daston Corp.	Occupation Executive		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Mr. Thomas J. Sanfacon		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2005	
Mailing Address 9107 Westerholme Way		Transaction ID: SA11A1.4993	
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer National Datacare Corp.	Occupation Chairman		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Mr. Roger W. Sant		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2005	
Mailing Address 2100 Pennsylvania Avenue NW Suite 525		Transaction ID: SA11A1.4995	
City State Zip Code Washington DC 20037	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Investments		
Receipt For: 2006 <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) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Muriel L. Sarmadi

Mailing Address 1718 Landon Hill Road

City State Zip Code
Vienna VA 22182

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

Name of Employer Occupation
Daston Corp. CCFO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2005

Transaction ID: SA11A1.4997

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. B. Francis Saul, III

Mailing Address 7501 Wisconsin Avenue
Suite 1500 E

City State Zip Code
Bethesda MD 20815

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

Name of Employer Occupation
B. F. Saul Co. Real Estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2005

Transaction ID: SA11A1.4999

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Michael J. Saylor

Mailing Address 1861 International Drive

City State Zip Code
McLean VA 22102

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

Name of Employer Occupation
Microstrategy Inc. President - CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2005

Transaction ID: SA11A1.5001

Amount of Each Receipt this Period
2000.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Wayne A. Schrader		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 5
Mailing Address 10203 Cedar Pond Drive		Transaction ID: SA11A1.5007
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Gibson Dunn & Cretchen	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Harvey Schulweis		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 5
Mailing Address 875 Park Avenue		Transaction ID: SA11A1.5009
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer The Town and Country Trust	Occupation Ececutive	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Jeffery H. Schwartz		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5
Mailing Address 1679 Brightwaters Boulevard NE		Transaction ID: SA11A1.5011
City State Zip Code Saint Perersburg FL 33704	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer ProLogis	Occupation CEO	
Receipt For: 2006 <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) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Scott Sellers		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2005	
Mailing Address 4790 East Bellview Avenue		Transaction ID: SA11A1.5015	
City State Zip Code Greenwood Village CO 80121		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Archstone Smith Occupation RealEstate			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Richard C. Shadyac		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2005	
Mailing Address 5661 Columbia Pike No. 101		Transaction ID: SA11A1.5019	
City State Zip Code Falls Church VA 22041		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer St. Jude Childrens Research Hospital Occupation CEO			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. George P. Shafran		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2005	
Mailing Address P.O. Box 6657		Transaction ID: SA11A1.5021	
City State Zip Code McLean VA 22106		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Consultant			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 113
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM DAVIS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Mr. Lurence Siegel</p> <p>Mailing Address 10017 Brentcross Drive</p> <p>City State Zip Code Potomac MD 20854</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Potomac Town Center LP-Dev Partner</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">2000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2005</p> <p>Transaction ID: SA11A1.5027</p> <p>Amount of Each Receipt this Period 2000.00</p> <p><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) Mr. David Simon</p> <p>Mailing Address 10555 Hussey Lane</p> <p>City State Zip Code Carmel IN 46032</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Simon Property Gp. CEO</p> <p>Receipt For: 2006 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 02 / 17 / 2005</p> <p>Transaction ID: SA11A1.5029</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><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) Mr. M. Peter Sirh</p> <p>Mailing Address 3507 Curtice Farm Drive</p> <p>City State Zip Code Fairfax VA 22033</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Patton Boggs LLP Executive</p> <p>Receipt For: 2006 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 03 / 09 / 2005</p> <p>Transaction ID: SA11A1.5031</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><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)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Gordon V. Smith

Mailing Address 8716 Crider Brook Way

City State Zip Code
Potomac MD 20854

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

Name of Employer Occupation
Miller & Smith Inc. President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2005

Transaction ID: SA11A1.5035

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Dr. Kurt J. Snapper

Mailing Address 2486 Iron Forge Road

City State Zip Code
Oak Hill VA 20171

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

Name of Employer Occupation
Mantech Security Technologies Corp. President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 18 / 2005

Transaction ID: SA11A1.5039

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Virginia A. Sniegon

Mailing Address 5901 Mount Eagle Drive
Unit 1402

City State Zip Code
Alexandria VA 22303-2503

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

Name of Employer Occupation
IDA Defense Analysis

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2005

Transaction ID: SA11A1.5041

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Eric T. Sohn		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2005
Mailing Address 6510 Ryanlynn Drive		Transaction ID: SA11A1.5043
City State Zip Code Fairfax Station VA 22039	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer J. Roberts Inc.	Occupation President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. William Soza		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2005
Mailing Address 1295 Ballantrae Farm Drive		Transaction ID: SA11A1.5045
City State Zip Code McLean VA 22101-3027	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Soza Assoc. PC	Occupation CPA	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Christopher C. Stansbury		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2005
Mailing Address 1104 Grand Hamptons Drive		Transaction ID: SA11A1.5049
City State Zip Code Herndon VA 20170	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PriceWaterhouseCoopers	Occupation Managing Dir.	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Cory J. Starr		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2005
Mailing Address 3216 Navy Drive		Transaction ID: SA11A1.5051
City State Zip Code Oak Hill VA 20171	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PriceWaterhouseCoopers Occupation Accountant		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. William F. Stefan		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2005
Mailing Address 5485 Ashleigh Road		Transaction ID: SA11A1.5053
City State Zip Code Fairfax VA 22030	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PriceWaterhouseCoopers Occupation Consultant		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Mr. Martin E. Stein, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2005
Mailing Address 121 West Forsyth Street Suite 200		Transaction ID: SA11A1.5055
City State Zip Code Jacksonville FL 32202	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Regency Centers Corp. Occupation Chairman & CEO		
Receipt For: 2006 <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) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Ron D. Sturzenegger

Mailing Address 815 Hayne Road

City Hillsborough State CA Zip Code 94010

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

Name of Employer Banc of America Securities LLC Occupation Investment Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2005

Transaction ID: SA11A1.5065

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Eileen C. Summers

Mailing Address 932 War Admiral Street

City Great Falls State VA Zip Code 22066

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

Name of Employer Self Occupation Realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2005

Transaction ID: SA11A1.5070

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Donald E. Suter

Mailing Address 436 East Woodland Road

City Lake Forest State IL Zip Code 60045

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

Name of Employer Macquarie Capital Partners LLC Occupation Real Estate Investment Banling

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2005

Transaction ID: SA11A1.5072

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mrs. Lisa E. Sylvester		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2005	
Mailing Address 7886 Pembridge Road		Transaction ID: SA11A1.5074	
City Manassas	State VA	Zip Code 20112	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mr. William R. Sylvester, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2005	
Mailing Address 7886 Pembridge Road		Transaction ID: SA11A1.5076	
City Manassas	State VA	Zip Code 20112	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Progeny Systems Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Engineer Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Garrett Thornburg		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2005	
Mailing Address 150 Washington Street Suite 220		Transaction ID: SA11A1.5092	
City Sante Fe	State NM	Zip Code 87501	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Thornburg Mortgage Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President & CEO Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Kenneth R. Thornton Mailing Address 1171 Orlo Drive City State Zip Code McLean VA 22102 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 5 Transaction ID: SA11A1.5094 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a Occupation Retired Receipt For: 2006 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) Mr. James I. Valentine Mailing Address 4422 Lowell Street NW City State Zip Code Washington DC 20016 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 5 Transaction ID: SA11A1.5102 Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Banker Receipt For: 2006 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00		

C. Full Name (Last, First, Middle Initial) Mr. Raymond Vicks, Jr. Mailing Address 11907 Saint Francis Way City State Zip Code Mitchellville MD 20721 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 5 Transaction ID: SA11A1.5104 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer PriceWaterhouseCoopers Occupation CPA Receipt For: 2006 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 113
	<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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. William E. Welch		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2005	
Mailing Address 38400 Aunt Marys Lane		Transaction ID: SA11A1.5116	
City State Zip Code Purcellville VA 20132		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Secure Elements Vice Pres			
Receipt For: 2006 <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) Mr. Leo F. Wells, III		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2005	
Mailing Address P.O. Box 926040		Transaction ID: SA11A1.5152	
City State Zip Code Norcross GA 30010-6040		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Wells Real Estate Funds Inc. President			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Mr. Earle C. Williams		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2005	
Mailing Address 1480 Evans Farm Drive No. 301		Transaction ID: SA11A1.5128	
City State Zip Code McLean VA 22101-5652		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation n/a Retired			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 113
	<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mrs. Christina R. Wills		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2005	
Mailing Address 8017 Merry Oaks Lane		Transaction ID: SA11A1.5130	
City State Zip Code Vienna VA 22180	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Mr. Donald Wood		Date of Receipt M M / D D / Y Y Y Y Y 03 / 25 / 2005	
Mailing Address 55 Warwick Stone Way		Transaction ID: SA11A1.5134	
City State Zip Code Great Falls VA 22066-3555	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Federal Realty Investment Trust CEO Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Mr. John P. Yoon		Date of Receipt M M / D D / Y Y Y Y Y 01 / 13 / 2005	
Mailing Address 1287 Middleton Court		Transaction ID: SA11A1.5140	
City State Zip Code Vienna VA 22182-1489	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Empower-Visa Inc. President Receipt For: 2006 <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) ▶	3250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 113
	(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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Michael D. Young

Mailing Address 604 Boyle Lane

City State Zip Code
McLean VA 22102-1404

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

Name of Employer Occupation
GTSI CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2005

Transaction ID: SA11A1.5142

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Samuel Zell

Mailing Address 2 North Riverside Plaza
Suite 600

City State Zip Code
Chicago IL 60606

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

Name of Employer Occupation
Equity Group Investmets LLC Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2005

Transaction ID: SA11A1.5144

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	208178.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 113
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Council of Engineering Cos. ACEC PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2005
Mailing Address 1016 15th Street NW Suite 802		Transaction ID: SA11C.4285
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. C C00010868	Amount of Each Receipt this Period 1000.00
Name of Employer C00010868 Occupation PAC	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. American Maritime Officers PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2005
Mailing Address 490 L'Enfant Plaza East SW Suite 7204		Transaction ID: SA11C.4287
City Washington State DC Zip Code 20024	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Multicandidate - C00027532 Occupation PAC	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. American Postal Workers Union PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2005
Mailing Address 1300 L Street NW		Transaction ID: SA11C.4289
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00
Name of Employer C70003322 Occupation PAC	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 2500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 113
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" 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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2005
Mailing Address 1120 20th Street NW Suite 1000		Transaction ID: SA11C.4291
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Multicandidate - C00185124	Occupation PAC	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Boeing PAC Fed. Account		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2005
Mailing Address 1200 Wilson Boulevard		Transaction ID: SA11C.4293
City State Zip Code Arlington VA 22209	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Multicandidate - C001427-11	Occupation PAC	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Capital One Associates PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2005
Mailing Address 1680 Capital One Drive		Transaction ID: SA11C.4295
City State Zip Code McLean VA 22102	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Multicandidate - C00326595	Occupation PAC	
Receipt For: 2006 <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) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 113
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CH2M HILL Cos. Ltd. PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2005
Mailing Address 555 Eleventh Street NW Suite 525		Transaction ID: SA11C.4297
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Multicandidate - C00143305	Occupation PAC	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. CSX Good Government Fund PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2005
Mailing Address 1331 Pennsylvania Avenue NW Suite 560		Transaction ID: SA11C.4299
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Multicandidate - C00163832	Occupation PAC	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Daimler-Chrysler Corp PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2005
Mailing Address 1000 Chrysler Drive CIMS 485-10-95		Transaction ID: SA11C.4301
City State Zip Code Auburn Hills MI 48326	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Multicandidate - C00043687	Occupation PAC	
Receipt For: 2006 <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) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER: PAGE 68 / 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Exxon Mobil Corp. PAC

Mailing Address 5959 Las Colinas Boulevard

City Irving State TX Zip Code 75039-2298

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

Name of Employer Multicandidate - C00121368 Occupation PAC

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 21 / 2005

Transaction ID: SA11C.4303

Amount of Each Receipt this Period
 2500.00

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

B. Full Name (Last, First, Middle Initial)
Federal Managers Association PAC

Mailing Address 1641 Prince Street

City Alexandria State VA Zip Code 22314

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

Name of Employer C00164848 Occupation PAC

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 21 / 2005

Transaction ID: SA11C.4305

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
Friedman Billings Ramsey Group Inc. PAC

Mailing Address 1001 Nineteenth Street North

City Arlington State VA Zip Code 22209

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

Name of Employer C00391417 Occupation PAC

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 04 / 2005

Transaction ID: SA11C.4307

Amount of Each Receipt this Period
 2000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5500.00**

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

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

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

FOR LINE NUMBER: PAGE 69 / 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
General Dynamics Voluntary PAC

Mailing Address 2941 Fairview Park Drive
Suite 100

City Falls Church State VA Zip Code 22042-4523

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

Name of Employer Multicandidate - C00078451 Occupation PAC

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 15 / 2005

Transaction ID: SA11C.4309

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
Int'l Assn. of Fire Fighters FIREPAC

Mailing Address 1750 New York Avenue NW

City Washington State DC Zip Code 20006

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

Name of Employer Multicandidate - C00029447 Occupation PAC

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2005

Transaction ID: SA11C.4311

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
Level 3 Communication Inc. PAC

Mailing Address 1025 Eldorado Boulevard

City Broomfield State CO Zip Code 80021

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

Name of Employer Multicandidate - C00347385 Occupation PAC

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2005

Transaction ID: SA11C.4313

Amount of Each Receipt this Period
 2500.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 113
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" 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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. McGuireWoods LLP PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2005
Mailing Address 901 East Cary Street One James Center		Transaction ID: SA11C.4315
City Richmond State VA Zip Code 23219-4030	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Multicandidate - C00225342	Occupation PAC	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. MCI Employees PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2005
Mailing Address 1133 Nineteenth Street NW		Transaction ID: SA11C.4317
City Washington State DC Zip Code 20036-3604	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Multicandidate - C00142836	Occupation PAC	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Mid Atlantic Medical Services Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2005
Mailing Address 4 Taft Court		Transaction ID: SA11C.4319
City Rockville State MD Zip Code 20850	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Multicandidate - C00267245	Occupation PAC	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 113
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NAPUS PAC for Postmasters		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2005
Mailing Address 8 Herbert Street		Transaction ID: SA11C.4320
City State Zip Code Alexandria VA 22305-2600	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Multicandidate - C00100404 PAC	Election Cycle-to-Date 2000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Nat'l Assn. of Retired Fed. Employees NARFE PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2005
Mailing Address 606 North Washington Street		Transaction ID: SA11C.4322
City State Zip Code Alexandria VA 22314-1943	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Multicandidate - C00091561 PAC	Election Cycle-to-Date 2500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Nat'l Star Route Mail Contractors STAR-PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2005
Mailing Address 324 East Capitol Street NE		Transaction ID: SA11C.4324
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Multicandidate - C00163311 PAC	Election Cycle-to-Date 2500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 / 113
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. National Association of Realtors RPAC		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2005
Mailing Address 430 North Michigan Avenue		Transaction ID: SA11C.4326
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Multicandidate - C00030718	Occupation PAC	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. National League Of Postmasters PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2005
Mailing Address 1023 North Royal Street		Transaction ID: SA11C.4327
City State Zip Code Alexandria VA 22314-1569	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer C00164152	Occupation PAC	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. National Rural Letter Carriers NRLCA PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2005
Mailing Address 1630 Duke Street 4th Floor		Transaction ID: SA11C.4329
City State Zip Code Alexandria VA 22314-3465	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Multicandidate - C00072025	Occupation PAC	
Receipt For: 2006 <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) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 113
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Orbital Sciences Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2005	
Mailing Address 21700 Atlantic Boulevard		Transaction ID: SA11C.4331	
City State Zip Code Dulles VA 20166	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Multicandidate - C00195263 PAC	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Patton Boggs PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2005	
Mailing Address 2550 M Street NW		Transaction ID: SA11C.4333	
City State Zip Code Washington DC 20037	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation C00401083 PAC	Election Cycle-to-Date 2000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2005	
Mailing Address 1301 K Street NW Suite 700W		Transaction ID: SA11C.4370	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00107235	In-kind - Susan Gage caqt-erers <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Election Cycle-to-Date 5000.00		
Receipt For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 113
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" 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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COMMITTEE

Mailing Address 400 North Washington Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00004994

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 21 / 2005

Transaction ID: SA11C.4335

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
REAL ESTATE INFORMATION PROFESSIONALS ASSOCIATION POLITICAL ACTION COMMITTEE (REIAPAC)

Mailing Address PO BOX 3159

City State Zip Code
DURHAM NC 27715

FEC ID number of contributing federal political committee. **C** C00428524

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2005

Transaction ID: SA11C.4337

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
Rolls-Royce of No. America PAC

Mailing Address 14850 Conference Center Drive
Suite 100

City State Zip Code
Chantilly VA 20151

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

Name of Employer Occupation
Multicandidate - C00296822 PAC

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 21 / 2005

Transaction ID: SA11C.4339

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **6500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 / 113
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Seafarers PAC		Date of Receipt
Mailing Address 5201 Auth Way		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2005"/>
City	State	Zip Code
Camp Springs	MD	20746
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.4341
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>
Name of Employer C00004325	Occupation PAC	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) B. Semi Political Alliance		Date of Receipt
Mailing Address 20 Park Road Suite E		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2005"/>
City	State	Zip Code
Burlingame	CA	94010-4443
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.4342
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer C00381012	Occupation PAC	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) C. Shaw Pittman PAC		Date of Receipt
Mailing Address 2300 N Street NW		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2005"/>
City	State	Zip Code
Washington	DC	20037-1128
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.4344
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer C00244426	Occupation PAC	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 113
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Siemens Corp. PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2005
Mailing Address 701 Pennsylvania Avenue NW Suite 720		Transaction ID: SA11C.4346
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer C00353797 Occupation PAC	Election Cycle-to-Date 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sodexho Inc PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2005
Mailing Address 9801 Washington Boulevard Suite 1237		Transaction ID: SA11C.4348
City Gaithersburg State MD Zip Code 20878	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer C00361014 Occupation PAC	Election Cycle-to-Date 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sprint Corp. PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2005
Mailing Address 6450 Sprint Parkway		Transaction ID: SA11C.4350
City Overland Park State KS Zip Code 66251	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Multicandidate - C00089342 Occupation PAC	Election Cycle-to-Date 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 / 113
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SRA International Inc. Fund		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2005
Mailing Address 209 Madison Street Suite 500		Transaction ID: SA11C.4352
City Alexandria	State VA	Zip Code 22314-1764
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer C00393256	Occupation PAC	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. United Defense Employees PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2005
Mailing Address 1525 Wilson Boulevard Suite 700		Transaction ID: SA11C.4354
City Arlington	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer C00330076	Occupation PAC	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. UnitedHealth Group Inc Political Fund		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2005
Mailing Address 990 Bren Road East		Transaction ID: SA11C.4356
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Multicandidate - C00274431	Occupation PAC	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <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)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 / 113
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Universal Leaf Tobacco Co. PAC

Mailing Address P.O. Box 25099

City Richmond State VA Zip Code 23260-5099

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

Name of Employer C00214072 Occupation PAC

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2005

Transaction ID: SA11C.4358

Amount of Each Receipt this Period
 500.00

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

B. Full Name (Last, First, Middle Initial)
Washington Group International PAC

Mailing Address 2345 Crystal Drive Suite 708

City Arlington State VA Zip Code 22202

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

Name of Employer C00097550 Occupation PAC

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2005

Transaction ID: SA11C.4360

Amount of Each Receipt this Period
 1000.00

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)	▶	60000.00

**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)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) (CSI) Contential Services Inc.		Transaction ID: SB17.5225 Date of Disbursement 01 / 26 / 2005
Mailing Address 7700 Southern Drive		Amount of Each Disbursement this Period 618.38
City Springfield State VA Zip Code 22150	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement housefile Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) (CSI) Contential Services Inc.		Transaction ID: SB17.5226 Date of Disbursement 03 / 15 / 2005
Mailing Address 7700 Southern Drive		Amount of Each Disbursement this Period 249.26
City Springfield State VA Zip Code 22150	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement housefile Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) (CSI) Contential Services Inc.		Transaction ID: SB17.5227 Date of Disbursement 03 / 16 / 2005
Mailing Address 7700 Southern Drive		Amount of Each Disbursement this Period 566.30
City Springfield State VA Zip Code 22150	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement housefile Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1433.94
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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. A.B. Dick Company		Transaction ID: SB17.5255 Date of Disbursement 01 / 01 / 2005	
Mailing Address 5700 West Touhy Avenue		Amount of Each Disbursement this Period 158.45	
City Niles State IL Zip Code 60714	Purpose of Disbursement Rizzo service	<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 State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. A.B. Dick Company		Transaction ID: SB17.5256 Date of Disbursement 02 / 01 / 2005	
Mailing Address 5700 West Touhy Avenue		Amount of Each Disbursement this Period 158.45	
City Niles State IL Zip Code 60714	Purpose of Disbursement Rizzo service	<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 State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. A.B. Dick Company		Transaction ID: SB17.5257 Date of Disbursement 03 / 07 / 2005	
Mailing Address 5700 West Touhy Avenue		Amount of Each Disbursement this Period 158.45	
City Niles State IL Zip Code 60714	Purpose of Disbursement Rizzo service	<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 State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	475.35
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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Annandale / Ravensworth Storage 24719		Transaction ID: SB17.5246 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 5
Mailing Address 4312 Ravensworth Road		Amount of Each Disbursement this Period 259.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Annandale State VA Zip Code 22003	Purpose of Disbursement Locker rent Jan 05 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Annandale / Ravensworth Storage 24719		Transaction ID: SB17.5247 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 5
Mailing Address 4312 Ravensworth Road		Amount of Each Disbursement this Period 259.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Annandale State VA Zip Code 22003	Purpose of Disbursement Locker rent Feb 05 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Annandale / Ravensworth Storage 24719		Transaction ID: SB17.5248 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 5
Mailing Address 4312 Ravensworth Road		Amount of Each Disbursement this Period 259.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Annandale State VA Zip Code 22003	Purpose of Disbursement Locker rent Mar 05 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	777.00
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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Annandale S/C		Transaction ID: SB17.5282 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 5
Mailing Address 4124 Meadow Court		Amount of Each Disbursement this Period 254.80
City Annandale State VA Zip Code 22003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Civic Wreath	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bergeron's		Transaction ID: SB17.5243 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 5
Mailing Address 8002 Haute Court		Amount of Each Disbursement this Period 333.95
City Springfield State VA Zip Code 22150	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Flowers for constituents	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bergeron's		Transaction ID: SB17.5244 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 5
Mailing Address 8002 Haute Court		Amount of Each Disbursement this Period 492.50
City Springfield State VA Zip Code 22150	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Flowers for constituents	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1081.25
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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bergeron's		Transaction ID: SB17.5245 Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2005
Mailing Address 8002 Haute Court		Amount of Each Disbursement this Period 146.75
City Springfield State VA Zip Code 22150	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Flowers for constituents	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) B. Campaign Solutions		Transaction ID: SB17.5302 Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2005
Mailing Address 118 North Saint Asaph Street		Amount of Each Disbursement this Period 443.75
City Alexandria State VA Zip Code 22314	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement hosting fee + maintainance	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless Washington/Baltimore - TMD		Transaction ID: SB17.5236 Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2005
Mailing Address P. O. Box 64651		Amount of Each Disbursement this Period 334.01
City Baltimore State MD Zip Code 21264	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cellular phone service	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	924.51
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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cingular Wireless Washington/Baltimore - TMD		Transaction ID: SB17.5237 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 5
Mailing Address P. O. Box 64651		Amount of Each Disbursement this Period 182.30
City Baltimore State MD Zip Code 21264	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cellular phone service Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) B. Commonwealth Consultants		Transaction ID: SB17.5269 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 5
Mailing Address 8321 Old Courthouse Road Suite 250		Amount of Each Disbursement this Period 4000.00
City Vienna State VA Zip Code 22182	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraisers - Jan 05 retainer Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Commonwealth Consultants		Transaction ID: SB17.5270 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 5
Mailing Address 8321 Old Courthouse Road Suite 250		Amount of Each Disbursement this Period 4000.00
City Vienna State VA Zip Code 22182	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraisers - Feb 05 retainer Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8182.30
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)
TOM DAVIS FOR CONGRESS

A. Commonwealth Consultants Full Name (Last, First, Middle Initial) Mailing Address 8321 Old Courthouse Road Suite 250 City Vienna State VA Zip Code 22182 Purpose of Disbursement Fundraisers - Mar 05 retainer Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		Transaction ID: SB17.5271 Date of Disbursement 03 / 01 / 2005 Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Commonwealth Consultants Full Name (Last, First, Middle Initial) Mailing Address 8321 Old Courthouse Road Suite 250 City Vienna State VA Zip Code 22182 Purpose of Disbursement Bonus #1 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		Transaction ID: SB17.5272 Date of Disbursement 03 / 15 / 2005 Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Commonwealth Consultants - reimb Full Name (Last, First, Middle Initial) Mailing Address 8321 Old Courthouse Road Suite 250 City Vienna State VA Zip Code 22182 Purpose of Disbursement Fundraisers - Jan 05 Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other		Transaction ID: SB17.5287 Date of Disbursement 02 / 04 / 2005 Amount of Each Disbursement this Period 1592.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	9592.93
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Commonwealth Consultants - reimb		Transaction ID: SB17.5288 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 5
Mailing Address 8321 Old Courthouse Road Suite 250		Amount of Each Disbursement this Period 443.86
City Vienna State VA Zip Code 22182	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraisers - Feb 05 Expenses Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) B. Dale City Civic Association		Transaction ID: SB17.5291 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 5
Mailing Address P.O. Box 1822		Amount of Each Disbursement this Period 60.00
City Dale City State VA Zip Code 22193	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Tickets (3) Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) C. Dale City Civic Association		Transaction ID: SB17.5292 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 5
Mailing Address P.O. Box 1822		Amount of Each Disbursement this Period 100.00
City Dale City State VA Zip Code 22193	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement full page ad. Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

SUBTOTAL of Disbursements This Page (optional) ▶	603.86
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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dominion Virginia Power		Transaction ID: SB17.5278 Date of Disbursement 01 / 01 / 2005
Mailing Address P.O. Box 26666		Amount of Each Disbursement this Period 117.73
City Richmond State VA Zip Code 23261-6666	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Electric service	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dominion Virginia Power		Transaction ID: SB17.5279 Date of Disbursement 02 / 11 / 2005
Mailing Address P.O. Box 26666		Amount of Each Disbursement this Period 232.81
City Richmond State VA Zip Code 23261-6666	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Electric service	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dominion Virginia Power		Transaction ID: SB17.5280 Date of Disbursement 03 / 07 / 2005
Mailing Address P.O. Box 26666		Amount of Each Disbursement this Period 229.49
City Richmond State VA Zip Code 23261-6666	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Electric service	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	580.03
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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Four Star Printing		Transaction ID: SB17.5232 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 5
Mailing Address 8455-R Tyco Road		Amount of Each Disbursement this Period 449.26
City Vienna State VA Zip Code 22182	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement housefile letter	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Four Star Printing		Transaction ID: SB17.5233 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 5
Mailing Address 8455-R Tyco Road		Amount of Each Disbursement this Period 1408.10
City Vienna State VA Zip Code 22182	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Print service	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Four Star Printing		Transaction ID: SB17.5234 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 5
Mailing Address 8455-R Tyco Road		Amount of Each Disbursement this Period 1759.28
City Vienna State VA Zip Code 22182	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement print service	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3616.64
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Four Star Printing		Transaction ID: SB17.5235 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 5
Mailing Address 8455-R Tyco Road		Amount of Each Disbursement this Period 752.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Vienna State VA Zip Code 22182	Purpose of Disbursement print service Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) B. JKK Associates		Transaction ID: SB17.5273 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 5
Mailing Address 505 Monticello Boulevard		Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22305	Purpose of Disbursement Campaign Specialist Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. JKK Associates		Transaction ID: SB17.5274 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 5
Mailing Address 505 Monticello Boulevard		Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22305	Purpose of Disbursement Campaign Specialist Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6752.33
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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JKK Associates		Transaction ID: SB17.5275 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 5
Mailing Address 505 Monticello Boulevard		Amount of Each Disbursement this Period 3000.00
City Alexandria State VA Zip Code 22305	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Specialist Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) B. Ms. Susan Jones		Transaction ID: SB17.5214 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 5
Mailing Address 2405 Lake Vale Drive		Amount of Each Disbursement this Period 1500.00
City Vienna State VA Zip Code 22181	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign worker Jan 05 Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) C. Ms. Susan Jones		Transaction ID: SB17.5215 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 5
Mailing Address 2405 Lake Vale Drive		Amount of Each Disbursement this Period 1500.00
City Vienna State VA Zip Code 22181	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign worker Feb 05 Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ms. Susan Jones		Transaction ID: SB17.5216 Date of Disbursement MM / DD / YYYY 03 / 01 / 2005
Mailing Address 2405 Lake Vale Drive		Amount of Each Disbursement this Period 1500.00
City Vienna State VA Zip Code 22181	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign worker Mar 05	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jones Day		Transaction ID: SB17.5222 Date of Disbursement MM / DD / YYYY 01 / 24 / 2005
Mailing Address 51 Louisiana Avenue NW		Amount of Each Disbursement this Period 24430.00
City Washington State DC Zip Code 20001-2113	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement re: Hall vs. Commonwealth of VA	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Natco Limited Inc.		Transaction ID: SB17.5249 Date of Disbursement MM / DD / YYYY 01 / 01 / 2005
Mailing Address 7520-C Fullerton Road		Amount of Each Disbursement this Period 130.63
City Springfield State VA Zip Code 22153	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Copy machine	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	26060.63
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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Natco Limited Inc.		Transaction ID: SB17.5250 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 5
Mailing Address 7520-C Fullerton Road		Amount of Each Disbursement this Period 131.25
City Springfield State VA Zip Code 22153	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Copy machine	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) B. Natco Limited Inc.		Transaction ID: SB17.5251 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 5
Mailing Address 7520-C Fullerton Road		Amount of Each Disbursement this Period 131.25
City Springfield State VA Zip Code 22153	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Copy machine	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) C. Northern Virginia Community College		Transaction ID: SB17.5277 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 5
Mailing Address Annandale Campus		Amount of Each Disbursement this Period 595.50
City Annandale State VA Zip Code 22003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 2004 Xmas Party bal due	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other	

SUBTOTAL of Disbursements This Page (optional) ▶	858.00
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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Carter Pate		Transaction ID: SB17.4365 Date of Disbursement 03 / 08 / 2005	
Mailing Address 1123 Litton Lane		Amount of Each Disbursement this Period 818.00	
City McLean State VA Zip Code 22101	Purpose of Disbursement In-kind - fundraiser- Atlantic Valet	<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 State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Mr. Carter Pate		Transaction ID: SB17.4367 Date of Disbursement 03 / 08 / 2005	
Mailing Address 1123 Litton Lane		Amount of Each Disbursement this Period 240.00	
City McLean State VA Zip Code 22101	Purpose of Disbursement In-kind - fundraiser- Susan Gage Caterer	<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 State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Mr. Carter Pate		Transaction ID: SB17.4369 Date of Disbursement 03 / 08 / 2005	
Mailing Address 1123 Litton Lane		Amount of Each Disbursement this Period 120.00	
City McLean State VA Zip Code 22101	Purpose of Disbursement In-kind - fundraiser- Atlantic Valet	<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 State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	1178.00
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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I		Transaction ID: SB17.4371 Date of Disbursement
Mailing Address 1301 K Street NW Suite 700W		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2005"/>
City Washington	State DC	Zip Code 20005
Purpose of Disbursement In-kind - Susan Gage caqterers	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Prince William Regional Chamber of Commerce		Transaction ID: SB17.5297 Date of Disbursement
Mailing Address 4320 Ridgewood Center Drive		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2005"/>
City Prince William	State VA	Zip Code 22192
Purpose of Disbursement sponsorship	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Mr. William H. Sargent		Transaction ID: SB17.5217 Date of Disbursement
Mailing Address 6429 Downing Court		<input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2005"/>
City Annandale	State VA	Zip Code 22003
Purpose of Disbursement Data service for Jan 05	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3500.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. William H. Sargent		Transaction ID: SB17.5218 Date of Disbursement 02 / 01 / 2005	
Mailing Address 6429 Downing Court		Amount of Each Disbursement this Period 3500.00	
City Annandale State VA Zip Code 22003	Purpose of Disbursement Data service for Feb 05	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		

Full Name (Last, First, Middle Initial) B. Mr. William H. Sargent		Transaction ID: SB17.5219 Date of Disbursement 03 / 01 / 2005	
Mailing Address 6429 Downing Court		Amount of Each Disbursement this Period 3500.00	
City Annandale State VA Zip Code 22003	Purpose of Disbursement Data service for Mar 05	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		

Full Name (Last, First, Middle Initial) C. Ms. Christy Snider - reimb		Transaction ID: SB17.5220 Date of Disbursement 03 / 15 / 2005	
Mailing Address 1823 Kenwood Avenue		Amount of Each Disbursement this Period 1983.91	
City Alexandria State VA Zip Code 22302	Purpose of Disbursement fundraiser - Ruth's Chris Steakhouse	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other		

SUBTOTAL of Disbursements This Page (optional) ▶	8983.91
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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mrs. Heather Thomas - reimb		Transaction ID: SB17.5212 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 5
Mailing Address 2258 Cedar Cove		Amount of Each Disbursement this Period 459.10
City Reston State VA Zip Code 20191	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Costco (reception exp.)	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mrs. Heather Thomas - reimb		Transaction ID: SB17.5213 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 5
Mailing Address 2258 Cedar Cove		Amount of Each Disbursement this Period 300.00
City Reston State VA Zip Code 20191	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Inauguration tickets	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: SB17.5239 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 5
Mailing Address 4270 John Marr Drive		Amount of Each Disbursement this Period 2825.32
City Annandale State VA Zip Code 22003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Stamps	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3584.42
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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: SB17.5240 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 5
Mailing Address 4270 John Marr Drive		Amount of Each Disbursement this Period 185.00
City Annandale State VA Zip Code 22003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Stamps Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: SB17.5241 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 5
Mailing Address 4270 John Marr Drive		Amount of Each Disbursement this Period 773.67
City Annandale State VA Zip Code 22003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Stamps Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: SB17.5242 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 5
Mailing Address 4270 John Marr Drive		Amount of Each Disbursement this Period 273.80
City Annandale State VA Zip Code 22003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Stamps Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

SUBTOTAL of Disbursements This Page (optional) ▶	1232.47
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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: SB17.5293 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 5
Mailing Address 4270 John Marr Drive		Amount of Each Disbursement this Period 763.68
City Annandale State VA Zip Code 22003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Stamps Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: SB17.5294 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 5
Mailing Address 4270 John Marr Drive		Amount of Each Disbursement this Period 270.47
City Annandale State VA Zip Code 22003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Stamps Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: SB17.5295 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 5
Mailing Address 4270 John Marr Drive		Amount of Each Disbursement this Period 111.00
City Annandale State VA Zip Code 22003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Stamps Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1145.15
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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. United States Treasury		Transaction ID: SB17.5299 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 5
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 932.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia	State PA	
Zip Code 19255	Category/Type	
Purpose of Disbursement BB&T 2004 tax payment Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Universal Card Service Corp.		Transaction ID: SB17.5228 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 5
Mailing Address P.O. Box 44183		Amount of Each Disbursement this Period 6016.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jacksonville	State FL	
Zip Code 32231-4183	Category/Type	
Purpose of Disbursement payment Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Universal Card Service Corp.		Transaction ID: SB17.5229 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 5
Mailing Address P.O. Box 44183		Amount of Each Disbursement this Period 4076.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jacksonville	State FL	
Zip Code 32231-4183	Category/Type	
Purpose of Disbursement payment Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	11025.42
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 100 / 113

<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Universal Card Service Corp.		Transaction ID: SB17.5230 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 5
Mailing Address P.O. Box 44183		Amount of Each Disbursement this Period 1771.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jacksonville State FL Zip Code 32231-4183	Purpose of Disbursement payment Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) B. Van Metre Investments II		Transaction ID: SB17.5266 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 5
Mailing Address 9866 Main Street		Amount of Each Disbursement this Period 1163.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Rent Jan 05 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Van Metre Investments II		Transaction ID: SB17.5267 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 5
Mailing Address 9866 Main Street		Amount of Each Disbursement this Period 1163.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Rent Feb 05 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4097.57
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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Van Metre Investments II		Transaction ID: SB17.5268 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 5
Mailing Address 9866 Main Street		Amount of Each Disbursement this Period 1163.00
City State Zip Code Fairfax VA 22031	Purpose of Disbursement Rent Mar 05	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) B. Verizon (Bell Atlantic)		Transaction ID: SB17.5263 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 5
Mailing Address 600 East Main Street P.O. Box 2741		Amount of Each Disbursement this Period 354.19
City State Zip Code Richmond VA 23261	Purpose of Disbursement Service charge	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) C. Verizon (Bell Atlantic)		Transaction ID: SB17.5264 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 5
Mailing Address 600 East Main Street P.O. Box 2741		Amount of Each Disbursement this Period 349.73
City State Zip Code Richmond VA 23261	Purpose of Disbursement Service charge	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

SUBTOTAL of Disbursements This Page (optional) ▶	1866.92
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 102 / 113

<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon (Bell Atlantic)		Transaction ID: SB17.5265 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 5
Mailing Address 600 East Main Street P.O. Box 2741		Amount of Each Disbursement this Period 374.47
City Richmond State VA Zip Code 23261	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Service charge Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) B. Verizon Wireless - TMD		Transaction ID: SB17.5252 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 5
Mailing Address P.O. Box 17120		Amount of Each Disbursement this Period 101.96
City Tucson State AZ Zip Code 85731-7120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell phone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless - TMD		Transaction ID: SB17.5253 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 5
Mailing Address P.O. Box 17120		Amount of Each Disbursement this Period 105.09
City Tucson State AZ Zip Code 85731-7120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell phone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	581.52
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 103 / 113

<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)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Verizon Wireless - TMD

Mailing Address P.O. Box 17120

City Tucson State AZ Zip Code 85731-7120

Purpose of Disbursement
Cell phone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

Other

Transaction ID: SB17.5254

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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)

PAGE 104 / 113

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Annandale N. Springfield Little League		Transaction ID: SB21.5184 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5
Mailing Address P.O. Box 1192 c/o Gordon Thrall		Amount of Each Disbursement this Period 300.00
City Annandale State VA Zip Code 22003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation to Little League Team		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Burke Vol. Fire & Rescue Department		Transaction ID: SB21.5168 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 5
Mailing Address 4444 Holly Avenue		Amount of Each Disbursement this Period 600.00
City Fairfax State VA Zip Code 22030	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Burke Vol. Fire & Rescue Department		Transaction ID: SB21.5169 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 5
Mailing Address 4444 Holly Avenue		Amount of Each Disbursement this Period 500.00
City Fairfax State VA Zip Code 22030	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1400.00
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 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Central Springfield Little League		Transaction ID: SB21.5194 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 5
Mailing Address 7110 Dudrow Court		Amount of Each Disbursement this Period 300.00
City Springfield State VA Zip Code 22150	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dale City Civic Association		Transaction ID: SB21.5157 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 5
Mailing Address P.O. Box 1822		Amount of Each Disbursement this Period 1000.00
City Dale City State VA Zip Code 22193	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dale City Little League		Transaction ID: SB21.5206 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5
Mailing Address P.O. Box 1428		Amount of Each Disbursement this Period 500.00
City Dale City State VA Zip Code 22193	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation to Little League Team		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1800.00
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 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fairfax County Park Department		Transaction ID: SB21.5202 Date of Disbursement 03 / 09 / 2005
Mailing Address 12055 Government Center Parkway		Amount of Each Disbursement this Period 1000.00
City Fairfax State VA Zip Code 22030	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation - amphitheater	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fairfax Little League		Transaction ID: SB21.5163 Date of Disbursement 02 / 09 / 2005
Mailing Address P.O. Box 543		Amount of Each Disbursement this Period 380.00
City Fairfax State VA Zip Code 22030	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation to Little League Team	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Fairfax Little League		Transaction ID: SB21.5164 Date of Disbursement 03 / 02 / 2005
Mailing Address P.O. Box 543		Amount of Each Disbursement this Period 250.00
City Fairfax State VA Zip Code 22030	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation to Little League Team	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1630.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 107 / 113

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fort Hunt Youth Athletic Association		Transaction ID: SB21.5179 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5
Mailing Address 1203 Lyndale Drive		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22308	Purpose of Disbursement donation Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fort Hunt Youth Athletic Association		Transaction ID: SB21.5180 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 5
Mailing Address 1203 Lyndale Drive		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22308	Purpose of Disbursement donation Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. INOVA Kellar Center		Transaction ID: SB21.5166 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 5
Mailing Address 8110 Gatehouse Road Suite 200-E		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Falls Church State VA Zip Code 22042	Purpose of Disbursement donation Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jebb Stuart H. S.		Transaction ID: SB21.5173 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 5
Mailing Address 3301 Peace Valley Lane		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Falls Church State VA Zip Code 22044		
Purpose of Disbursement Donation to A.N.P. Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mason District Little League		Transaction ID: SB21.5204 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 5
Mailing Address P. O. Box 368 c/o Tim Morgan		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Annandale State VA Zip Code 22003		
Purpose of Disbursement Donation to Little League Team Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mount Vernon High School PTSA		Transaction ID: SB21.5177 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5
Mailing Address P.O. Box 15407		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22309		
Purpose of Disbursement donation Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 109 / 113

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Patrice Winter for Council		Transaction ID: SB21.5154 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 5
Mailing Address 3502 Old Post Road		Amount of Each Disbursement this Period 500.00
City Fairfax State VA Zip Code 22030	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution - City Council campaign		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Prince William Lassie League		Transaction ID: SB21.5200 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5
Mailing Address P.O. Box 1081		Amount of Each Disbursement this Period 250.00
City Woodbridge State VA Zip Code 22193	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation to Softball League		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Prince William Symphony		Transaction ID: SB21.5171 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 5
Mailing Address 4320-A Ridgewood Center Drive		Amount of Each Disbursement this Period 1000.00
City Prince William State VA Zip Code 22192	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 110 / 113

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stop Child Abuse Now (SCAN)		Transaction ID: SB21.5159 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 5
Mailing Address 2212 Mount Vernon Avenue		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22301		
Purpose of Disbursement Donation	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Vienna Little League		Transaction ID: SB21.5182 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5
Mailing Address 614 Hine Street SE c/o Don Lomax		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Vienna State VA Zip Code 22180		
Purpose of Disbursement Donation	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Virginians for Jerry Kilgore		Transaction ID: SB21.5310 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 5
Mailing Address P.O. Box 17098		Amount of Each Disbursement this Period 2325.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Richmond State VA Zip Code 23226		
Purpose of Disbursement Rent Fairfax Hq.(3mos)	Category/ Type	
Candidate Name TOM DAVIS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1300.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 111 / 113

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Virginians for Jerry Kilgore		Transaction ID: SB21.5311 Date of Disbursement 03 / 30 / 2005
Mailing Address P.O. Box 17098		Amount of Each Disbursement this Period 386.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Richmond State VA Zip Code 23226	Category/ Type	
Purpose of Disbursement Dominion Power (3mos)		
Candidate Name TOM DAVIS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Virginians for Jerry Kilgore		Transaction ID: SB21.5312 Date of Disbursement 03 / 30 / 2005
Mailing Address P.O. Box 17098		Amount of Each Disbursement this Period 846.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Richmond State VA Zip Code 23226	Category/ Type	
Purpose of Disbursement Verizon (3mos)		
Candidate Name TOM DAVIS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Virginians for Jerry Kilgore		Transaction ID: SB21.5313 Date of Disbursement 03 / 30 / 2005
Mailing Address P.O. Box 17098		Amount of Each Disbursement this Period 145.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Richmond State VA Zip Code 23226	Category/ Type	
Purpose of Disbursement MCI (3mos)		
Candidate Name TOM DAVIS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Virginians for Jerry Kilgore		Transaction ID: SB21.5314 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 5
Mailing Address P.O. Box 17098		Amount of Each Disbursement this Period 262.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Richmond State VA Zip Code 23226		
Purpose of Disbursement Natco copier (3mos)	Category/Type	
Candidate Name TOM DAVIS FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 11	

Full Name (Last, First, Middle Initial) B. West Springfield Little League		Transaction ID: SB21.5175 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5
Mailing Address 8105 Smithfield Avenue		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Springfield State VA Zip Code 22152		
Purpose of Disbursement Donation to Little League Team	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

Full Name (Last, First, Middle Initial) C. Woodbridge Little League		Transaction ID: SB21.5208 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5
Mailing Address P.O. Box 4402		Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Woodbridge State VA Zip Code 22194		
Purpose of Disbursement Donation	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 113 / 113

<input 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 checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Woodlawn Little League

Mailing Address P.O. Box 15071

City Alexandria State VA Zip Code 22309

Purpose of Disbursement
Donation to Little League Team

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.5210

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	3		0	2		2	0	0	5

Amount of Each Disbursement this Period

300.00

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

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

12580.00