SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 11 (check only one) 17 X 18 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Lincoln Davis for Congress		
		Date of Disbursement 07
State: TN District: 04 Full Name (Last, First, Middle Initial) KISSELL FOR CONGRESS Mailing Address P.O. BOX 1530		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State BISCOE NC Purpose of Disbursement Donation Candidate Name LINCOLN DAVIS Office Sought: House Senate President State: TN District: 04		Amount of Each Disbursement this Period 500.00 Transaction ID: SB18.28697
Full Name (Last, First, Middle Initial) C. MCINTYRE, MIKE REP. Mailing Address 1701 NORTH CHESTNUT ST.		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
LUMBERTON NC Purpose of Disbursement Donation Candidate Name LINCOLN DAVIS Office Sought: House Senate Disbursement Formula Primary	-	Amount of Each Disbursement this Period 1000.00 Transaction ID: SB18.28695
SUBTOTAL of Disbursements This Page (optional)		2000.00

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