

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

TOM DAVIS FOR CONGRESS

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

To:

M	M
0	6

D	D
3	0

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)).....	330825.51	626144.51
(b) Total Contribution Refunds (from Line 20(d)).....	1500.00	1500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	329325.51	624644.51
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	110378.26	355019.59
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	100.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	110378.26	354919.59
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1262391.08	
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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	6

D	D
3	0

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).....

174191.23

388119.23

(ii) Unitemized.....

22423.00

35814.00

(iii) TOTAL of contributions

196614.23

423933.23

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

134211.28

202211.28

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

330825.51

626144.51

(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.).....

0.00

100.00

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

6030.30

8558.90

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

336855.81

634803.41

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	110378.26	355019.59
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.....	1500.00	1500.00
(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)).....	1500.00	1500.00
21. OTHER DISBURSEMENTS.....	34080.00	85230.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	145958.26	441749.59

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1071493.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	336855.81
25. SUBTOTAL (add Line 23 and Line 24).....	1408349.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	145958.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1262391.08

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate		Candidate ID Number <input style="width: 100%;" type="text"/>
Name of Principal Campaign Committee TOM DAVIS FOR CONGRESS		Committee ID Number C <input style="width: 90%;" type="text" value="C00285932"/>
Committee Address 6429 DOWNING COURT		
City ANNANDALE	State VA	ZIP 22003
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	<input style="width: 100%;" type="text" value="605611.36"/>	<input style="width: 100%;" type="text" value="29595.93"/>
2. Aggregate amount of contributions from personal funds of the candidate	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="0.00"/>
3. Gross receipts minus the candidate's personal contributions	<input style="width: 100%;" type="text" value="605611.36"/>	<input style="width: 100%;" type="text" value="29595.93"/>

**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 / 131
	<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	

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

Full Name (Last, First, Middle Initial) A. Mr. Andrew M. Alexander		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5	
Mailing Address 501 West Friar Tuck		Transaction ID: SA11A1.5479	
City State Zip Code Houston TX 77024		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 Weingarten Realty Investors		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	

Full Name (Last, First, Middle Initial) B. Mr. William B. Alsup, III		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5	
Mailing Address 3019 44th Street NW		Transaction ID: SA11A1.5489	
City State Zip Code Washington DC 20016		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 Hines Interests Ltd. Partnership		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. Ms. Susan E. Alvarado		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5	
Mailing Address 9412 Macklin Court		Transaction ID: SA11A1.5491	
City State Zip Code Alexandria VA 22309		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 Alvarado Gerken & Bennett		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	

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:	PAGE 7 / 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Dominic F. Antonelli, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 6 / 2 0 0 5
Mailing Address 1725 DeSales Street NW No 300		Transaction ID: SA11A1.5500
City Washington State DC Zip Code 20036	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 Antonelli Org. Occupation Chairman	Election Cycle-to-Date ▼ 250.00	
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. Dominic F. Antonelli, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 5
Mailing Address 1725 DeSales Street NW No 300		Transaction ID: SA11A1.5501
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 100.00	
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 Antonelli Org. Occupation Chairman	Election Cycle-to-Date ▼ 350.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Col. Gary A. Armistead		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 5
Mailing Address 4807 North Twenty-First Street		Transaction ID: SA11A1.5505
City Arlington State VA Zip Code 22207	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 ProLogic Inc. Occupation Sr. VP	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) ▶	2350.00
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 / 131
	<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. Quintus C. Atkinson

Mailing Address 12029 Sugarland Valley Drive

City Herndon State VA Zip Code 20170-2604

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
06 / 10 / 2005

Transaction ID: SA11A1.5508

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. Christine M. Bailey

Mailing Address 3005 Taylor Makenzye Court

City Oak Hill State VA Zip Code 20171

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

Name of Employer DynCorp Occupation Finance

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 330.00

Date of Receipt
06 / 08 / 2005

Transaction ID: SA11A1.5517

Amount of Each Receipt this Period
330.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Junaid M. Bashir

Mailing Address 13145 Kinnicutt Drive

City Lake Ridge State VA Zip Code 22192

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

Name of Employer ReMax Occupation Real Estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
05 / 23 / 2005

Transaction ID: SA11A1.5535

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **880.00**

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 / 131
	<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. Ms. Gail D. Bassin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 5	
Mailing Address 3303 Water Street Apt. 5-C		Transaction ID: SA11A1.5537	
City Washington	State DC	Zip Code 20007	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 Johnson Bassin & Shaw Inc.	Occupation Chair/Treas		
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. Morris I. Berger		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 5	
Mailing Address 11 Iris Street		Transaction ID: SA11A1.5546	
City Cedarhurst	State NY	Zip Code 11516-2610	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 IDT Corp.	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) C. Mr. Larry A. Besterman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 5	
Mailing Address 3559 Plum Dale Drive		Transaction ID: SA11A1.5554	
City Fairfax	State VA	Zip Code 22033	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 Pres.		
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 10 / 131
	<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 A. Bowers

Mailing Address 5121 Remington Drive

City State Zip Code
Alexandria VA 22309-3339

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

Name of Employer Occupation
Pearson Gov't Solutions Sr. VP

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

330.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 08 / 2005

Transaction ID: SA11A1.5574

Amount of Each Receipt this Period
330.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Pamela Braden

Mailing Address 1763 Tee Street NW

City State Zip Code
Washington DC 20009

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

Name of Employer Occupation
Gryphon Technologies President

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

2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 08 / 2005

Transaction ID: SA11A1.5576

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. William Bransford

Mailing Address 3317 R Street NW

City State Zip Code
Washington VA 22182

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

Name of Employer Occupation
Shaw Bransford Veilleux & Roth PC Attorney

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2005

Transaction ID: SA11A1.5577

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) ► **2830.00**

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 / 131
	<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. Lou M. Brown, Jr.

Mailing Address 4801 Maury Lane

City State Zip Code
Alexandria VA 22304

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

Name of Employer ProLogic Inc. 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
0 4 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.5584

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. Stephen Brown

Mailing Address 390 Oak Avenue

City State Zip Code
Cedarhurst NY 11516-1824

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

Name of Employer IDT Corp 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
0 4 / 0 5 / 2 0 0 5

Transaction ID: SA11A1.5586

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 G. Buck

Mailing Address 4524 North 35th Road

City State Zip Code
Arlington VA 22207

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

Name of Employer Buck & Associates Occupation Real Estate Broker

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 6 / 1 6 / 2 0 0 5

Transaction ID: SA11A1.5590

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 12 / 131
	<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. Thomas F. Burgess		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5
Mailing Address 8510 Camden Street		Transaction ID: SA11A1.5594
City State Zip Code Alexandria VA 22308	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 Blue Stone Communications LLC	Occupation Pres. & 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) B. Mr. Plato Cacheris		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 5
Mailing Address 815 Connecticut Avenue NW		Transaction ID: SA11A1.5613
City State Zip Code Washington DC 20006	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 Self	Occupation Attorney	
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. Oliver T. Carr, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 5
Mailing Address 1750 H Street NW Suite 500		Transaction ID: SA11A1.5630
City State Zip Code Washington DC 20006	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 Oliver T. Carr Cos.	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) ▶	1750.00
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 13 / 131
	<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. Mercedes Cecchi		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2005	
Mailing Address 1209 Aldebaran Drive		Transaction ID: SA11A1.5635	
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 Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Mr. Timothy M. Chapman		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2005	
Mailing Address 1610 West Abington Drive No. 101		Transaction ID: SA11A1.6644	
City State Zip Code Alexandria VA 22314-1008	Amount of Each Receipt this Period 2100.00		
FEC ID number of contributing federal political committee. C		In-kind - catered fundraiser Ruth Chris <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Partner Election Cycle-to-Date ▼ 2100.00		

Full Name (Last, First, Middle Initial) C. Mr. Timothy M. Chapman		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2005	
Mailing Address 1610 West Abington Drive No. 101		Transaction ID: SA11A1.6646	
City State Zip Code Alexandria VA 22314-1008	Amount of Each Receipt this Period 479.20		
FEC ID number of contributing federal political committee. C		In-kind - catered fundraiser Ruth Chris <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Partner Election Cycle-to-Date ▼ 2579.20		

SUBTOTAL of Receipts This Page (optional) ▶	4579.20
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 14 / 131
	<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. Mary G. Chaskin

Mailing Address 12025 Seven Hills Lane

City Clifton State VA Zip Code 20124

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
06 / 08 / 2005

Transaction ID: SA11A1.5644

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 C. Connor

Mailing Address 5408-A Port Royal Road

City Springfield State VA Zip Code 22151

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

Name of Employer Occupation
Connor's Pest Control Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
06 / 13 / 2005

Transaction ID: SA11A1.5677

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 Courter

Mailing Address 17 Mockingbird Lane

City Hackettstown State NJ Zip Code 07840

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

Name of Employer Occupation
IDT Inc. Vice Chair. & CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
04 / 05 / 2005

Transaction ID: SA11A1.5681

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 15 / 131
	<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. James Courter		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 5	
Mailing Address 17 Mockingbird Lane		Transaction ID: SA11A1.5682	
City State Zip Code Hackettstown NJ 07840	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 IDT Inc.	Occupation Vice Chair. & CEO		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) B. Mr. Douglas Paul Cropper		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 5	
Mailing Address 4032 Hunt Road		Transaction ID: SA11A1.5684	
City State Zip Code Fairfax VA 22032-1458	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 INOVA Fairfax Hospital	Occupation Hospital Admin.		
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. Stephen M. Cumbie		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 5	
Mailing Address 8230 Leesburg Pike Suite 500		Transaction ID: SA11A1.5688	
City State Zip Code Vienna VA 22182	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 N. V. Commercial Inc.	Occupation President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2750.00
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 16 / 131
	<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. Larry A. Davis

Mailing Address 14019 Welland Terrace

City State Zip Code
North Potomac MD 20878

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

Name of Employer Occupation
Aronson Capital Partners Investment Banker
LLC

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

1000.00

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

Transaction ID: SA11A1.5699

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. Christopher DeLacy

Mailing Address 404 Victoria Court NW

City State Zip Code
Vienna VA 22180

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

Name of Employer Occupation
Holland & Knight Lobbyist

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 5

Transaction ID: SA11A1.5703

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. Michael J. Demeo

Mailing Address 542 North Saint Asaph Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
SAIC Analyst

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

650.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.5704

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ► **2050.00**

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 17 / 131
	<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. Barbara B. DePauw		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5	
Mailing Address 1903 North Quintana Street P.O. Box 5805		Transaction ID: SA11A1.5708	
City Arlington State VA Zip Code 22205	Amount of Each Receipt this Period 100.00		
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 UMUS Occupation Educator	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) B. Mr. Thomas F. Dungan, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5	
Mailing Address 8230 Leesburg Pike Suite 800		Transaction ID: SA11A1.5724	
City Vienna State VA Zip Code 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 Management Concepts 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			

Full Name (Last, First, Middle Initial) C. Mr. Carl W. Duyck		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5	
Mailing Address 510 Cathedral Drive		Transaction ID: SA11A1.5727	
City Alexandria State VA Zip Code 22314-4706	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 CPA	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 600.00			

SUBTOTAL of Receipts This Page (optional) ▶	2600.00
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 / 131
	<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. Ms. Mary Ann Elliott		Date of Receipt M M / D D / Y Y Y Y Y 05 / 17 / 2005	
Mailing Address 3190 Fairview Park Drive		Transaction ID: SA11A1.5736	
City Falls Church	State VA	Zip Code 22042	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 Arrowhead Global Solutions	Occupation CEO		
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. Duane R. Ellis		Date of Receipt M M / D D / Y Y Y Y Y 06 / 16 / 2005	
Mailing Address 10531 Wickens Road		Transaction ID: SA11A1.5737	
City Vienna	State VA	Zip Code 22181	Amount of Each Receipt this Period 130.00
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 Diversified Real Estate In-c.	Occupation Real Estate Broker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) C. Dr. Raymond H. Ellis		Date of Receipt M M / D D / Y Y Y Y Y 06 / 28 / 2005	
Mailing Address 1403 Cola Drive		Transaction ID: SA11A1.5739	
City McLean	State VA	Zip Code 22101-3103	Amount of Each Receipt this Period 100.00
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 AECOM	Occupation Consultant		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	2230.00
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 / 131
	<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. Evelyn Ettleman

Mailing Address 5809 Nicholson Lane
No. 603

City North Bethesda State MD Zip Code 20852

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

Name of Employer Occupation
Homemaker

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

2000.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2005

Transaction ID: SA11A1.5745

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. Paul V. Facchina

Mailing Address 8755 Mount Air Road
Mount Air Estate

City Newburg State MD Zip Code 20664

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

Name of Employer Occupation
Facchina Construction Co. Pres. & CFO

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

1000.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2005

Transaction ID: SA11A1.5747

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. Kevin J. Fay

Mailing Address 6717 Wemberly Way

City McLean State VA Zip Code 22101-1529

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

Name of Employer Occupation
Alcalde & Fay Partner

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

2000.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2005

Transaction ID: SA11A1.5753

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) ▶ **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 20 / 131
	<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) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 16 / 2005

Transaction ID: SA11A1.5754

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. Jeffrey Benton Ferrill

Mailing Address 220 South Royal Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Self Real estate Finance

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 13 / 2005

Transaction ID: SA11A1.5756

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. Lawrence A. Fineran

Mailing Address 3740-A Madison Lane

City State Zip Code
Falls Church VA 22041

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

Name of Employer Occupation
Nat'l Assn. of Manufacturers Gov't Relations

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 22 / 2005

Transaction ID: SA11A1.5761

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)	▶	1000.00
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 / 131
	<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. Marcelo Fisher

Mailing Address 1656 Marine Parkway

City State Zip Code
Brooklyn NY 11234

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

Name of Employer IDT Corp. 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
0 4 / 0 5 / 2 0 0 5

Transaction ID: SA11A1.5765

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. Timothy B. Fleischer

Mailing Address 9890 Gold Dust Court

City State Zip Code
Vienna VA 22181

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

Name of Employer Portal Dynamics Occupation Chairman

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 6 / 0 8 / 2 0 0 5

Transaction ID: SA11A1.5769

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. B. Mark Fried

Mailing Address 5924 Fried Farm Road

City State Zip Code
Crozet VA 22932

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

Name of Employer Self Occupation Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 5

Transaction ID: SA11A1.5775

Amount of Each Receipt this Period
2100.00

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 22 / 131
	<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. Barbara J. Fried		Date of Receipt MM / DD / YYYY 06 / 20 / 2005
Mailing Address 6551 Loisdale Court Suite 900		Transaction ID: SA11A1.5776
City Springfield	State VA	Zip Code 22150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00
Name of Employer The Fried Companies	Occupation General Council	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4100.00	

Full Name (Last, First, Middle Initial) B. Mr. John M. George		Date of Receipt MM / DD / YYYY 06 / 08 / 2005
Mailing Address 10900 Hunter Gate Way		Transaction ID: SA11A1.5790
City Reston	State VA	Zip Code 20194
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 330.00
Name of Employer Pearson Gov't Solutions	Occupation Sr. VP	<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 ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Mr. Rashid S. Gill		Date of Receipt MM / DD / YYYY 05 / 23 / 2005
Mailing Address 6201 Franconia Road		Transaction ID: SA11A1.5800
City Alexandria	State VA	Zip Code 22310-2539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Gas Station	Occupation Owner	<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	

SUBTOTAL of Receipts This Page (optional)	▶	2930.00
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 / 131
	<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. Michael S. Glassner

Mailing Address One River Court
Apt. 2106

City Jersey City State NJ Zip Code 07310

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

Name of Employer IDT Corp. 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
0 4 / 0 5 / 2 0 0 5

Transaction ID: SA11A1.5802

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. Stephen P. Goodrich

Mailing Address 9841 Meadowcroft Lane

City Montgomery Village State MD Zip Code 20886

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

Name of Employer Center for Organizational Excellence Occupation 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 5 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.5808

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 K. Gordon

Mailing Address 12734 Knightsbridge Drive

City Woodbridge State VA Zip Code 22192

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

Name of Employer PrpLogic Inc. Occupation President COO

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 4 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.5812

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 24 / 131
	<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. Ira Greenstein		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2005	
Mailing Address 520 Broad Street Green Acre Capital LLC		Transaction ID: SA11A1.5822	
City Newark State NJ Zip Code 07102	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 IDT Corp. Occupation Executive	Election Cycle-to-Date 2006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Mr. Robert E. Gregg		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2005	
Mailing Address 2351 South Queen Street		Transaction ID: SA11A1.5824	
City Arlington State VA Zip Code 22202	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 Squire Sanders & Dempsey LLP Occupation Attorney	Election Cycle-to-Date 2006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Mrs. Eileen H. Griffith		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2005	
Mailing Address 7421 Tomcris Court		Transaction ID: SA11A1.5831	
City Springfield State VA Zip Code 22153	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 Retired	Election Cycle-to-Date 2006 Receipt For: <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) ▶	(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 25 / 131
	<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. R. Jerry Grossman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 5
Mailing Address 11126 Elmview Place		Transaction ID: SA11A1.5835
City State Zip Code Great Falls VA 22066-3014	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 Houlihan Lokey Howard & Zukin Director	Election Cycle-to-Date 2000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) Mr. Hugh A. Groves, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 6221 Cobblers Green Court		Transaction ID: SA11A1.5840
City State Zip Code Gainesville VA 20155	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 Retired	Election Cycle-to-Date 2000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) Mr. Carl N. Guerrerri		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 5
Mailing Address 10102 Holland Court		Transaction ID: SA11A1.5842
City State Zip Code Manassas VA 20110	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 Electronic Warfare Associates Inc. CEO	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)	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 26 / 131
	<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. Richard M. Hadsell		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 5	
Mailing Address 4221 Oak Hill Drive		Transaction ID: SA11A1.5850	
City State Zip Code Annandale VA 22003	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 Hadsell Group	Occupation Owner		
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. Gary W. Hankins		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 5	
Mailing Address 3503 Marcey Creek Road		Transaction ID: SA11A1.5861	
City State Zip Code Laurel MD 20724	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 Labor consultant		
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. Col. Glenn M. Harvey		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 5	
Mailing Address 6316 Waterway Drive		Transaction ID: SA11A1.5872	
City State Zip Code Falls Church VA 22044	Amount of Each Receipt this Period 100.00		
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 ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	3100.00
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 / 131
	<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. William A. Hazel		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 5
Mailing Address 4305 Hazel Park Court		Transaction ID: SA11A1.5886
City State Zip Code Chantilly VA 20151	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 William A. Hazel Inc.	Occupation Contractor	
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. Scott Herrick		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 5
Mailing Address 5252 Cherokee Avenue Suite 303		Transaction ID: SA11A1.5895
City State Zip Code Alexandria VA 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 Cherokee Management Services LLC	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) C. Mr. John B. Higginbotham		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 5
Mailing Address 102 Jefferson Run Road		Transaction ID: SA11A1.5897
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 Self	Occupation Investments	
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) ▶	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 28 / 131
	<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. David H. Hillman		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2005
Mailing Address 1950 Old Gallows Road Suite 600		Transaction ID: SA11A1.5903
City Vienna 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 Southern Management 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) B. Mrs. Ellen Hishta		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2005
Mailing Address 7712 Island Creek Court		Transaction ID: SA11A1.5906
City Alexandria State VA Zip Code 22315	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 Homemaker	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. Hubert N. Hoffman, III		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2005
Mailing Address 1402 Greenwood Place		Transaction ID: SA11A1.5912
City Alexandria State VA Zip Code 22304-1604	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 Hoffman Management Co. Occupation COO	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 29 / 131
	<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. Peggy L. Hoffman

Mailing Address 2461 Eisenhower Avenue

City State Zip Code
Alexandria VA 22331-0100

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 ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 29 / 2005

Transaction ID: SA11A1.5914

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. Thomas N. Hoffman

Mailing Address 821 Senca Road

City State Zip Code
Great Falls VA 22066-1317

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

Name of Employer Occupation
Hoffman Co. 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
04 / 29 / 2005

Transaction ID: SA11A1.5916

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. Talley R. Holmes, Jr.

Mailing Address 1323 Leegate Road NW

City State Zip Code
Washington DC 20012

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

Name of Employer Occupation
Self 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
06 / 10 / 2005

Transaction ID: SA11A1.5924

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) ► **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 30 / 131
	<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. James C. Hughes		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 720 Potomac Knolls Drive		Transaction ID: SA11A1.5933
City State Zip Code McLean VA 22102-1422	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 INOVA	Occupation Businessman	
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. James Hyland		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5
Mailing Address 2700 Courthouse Oaks Road		Transaction ID: SA11A1.5937
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 Greenberg Traurig LLP	Occupation Attorney	
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. Mrs. Gretchen N. Jacobs		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5
Mailing Address 6916 East Mariposa Drive		Transaction ID: SA11A1.5945
City State Zip Code Scottsdale AZ 85251	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 Greenberg Traurig LLP	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	

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 31 / 131
	<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 M. Jacquemin		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 5
Mailing Address 8614 Westwood Center Drive Suite 650		Transaction ID: SA11A1.5947
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 Mooring Financial Corp.	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. Lawrence T. Jennings		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 5
Mailing Address 3553 Bridge Hill Lane		Transaction ID: SA11A1.5955
City State Zip Code Oakton VA 22124-1141	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 L.F. Jennings Inc.	Occupation Contractor	
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. Mrs. Nancy Hearne Johnson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 5
Mailing Address 106 Smallwood Way		Transaction ID: SA11A1.5961
City State Zip Code Falls Church VA 22046	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 Homemaker	
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) ▶	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 32 / 131
	<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. Ms. Edna Johnston		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 5
Mailing Address 2605-A 'P' Street NW		Transaction ID: SA11A1.5966
City State Zip Code Washington DC 20007	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 History Matters 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. Mrs. Debbie Jonas		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 5
Mailing Address 3020 Palisade Avenue		Transaction ID: SA11A1.5968
City State Zip Code Bronx NY 10463	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 homemaker		
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. Debbie Jonas		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 5
Mailing Address 3020 Palisade Avenue		Transaction ID: SA11A1.5969
City State Zip Code Bronx NY 10463	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 homemaker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

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 33 / 131
	<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. Howard Jonas		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2005
Mailing Address 3020 Palisade Avenue		Transaction ID: SA11A1.5971
City State Zip Code Bronx NY 10463	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 IDT Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chairman Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Mr. Howard Jonas		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2005
Mailing Address 3020 Palisade Avenue		Transaction ID: SA11A1.5972
City State Zip Code Bronx NY 10463	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 IDT Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chairman Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. Mr. Moshe M. Kaganoff		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2005
Mailing Address 520 Broad Street c/o IDT Corporation		Transaction ID: SA11A1.5984
City State Zip Code Newark NJ 07102	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 IDT Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive VP 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 34 / 131
	<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. James A. Kane

Mailing Address 2214 Rock Hill Road

City Herndon State VA Zip Code 20170

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

Name of Employer SSCI 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
0 5 / 2 3 / 2 0 0 5

Transaction ID: SA11A1.5986

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. Yona Katz

Mailing Address 26 Laural Avenue

City Clifton State NJ Zip Code 07042

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

Name of Employer IDT 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
0 4 / 0 5 / 2 0 0 5

Transaction ID: SA11A1.5990

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)
Dr. Cyrus J. Katzen

Mailing Address 6031 Leesburg Pike
P.O. Box 1040

City Falls Church State VA Zip Code 22041

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

Name of Employer Self Occupation Dentist - Real Estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 5

Transaction ID: SA11A1.5991

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 35 / 131
	<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. Kelly

Mailing Address 6002 Nassau Drive

City State Zip Code
Springfield VA 22152

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

Name of Employer Occupation
MedStar Health Inc. Auditor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2005

Transaction ID: SA11A1.5995

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Sudhakar Kesavan

Mailing Address 3063 Hazelton Street

City State Zip Code
Falls Church VA 22044

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

Name of Employer Occupation
ICF Consulting 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
06 / 08 / 2005

Transaction ID: SA11A1.6001

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. Saleem A. Khan

Mailing Address 4745 Charter Court

City State Zip Code
Woodbridge VA 22192

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

Name of Employer Occupation
Self Mortgage broker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2005

Transaction ID: SA11A1.6007

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)	▶	1600.00
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 36 / 131
	<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 G. King

Mailing Address 16111 Germantown Road

City State Zip Code
Darnestown MD 20874

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

Name of Employer King Financial Inc. Occupation CPA

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 6 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.6017

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. Dennis Dean Kirk

Mailing Address 6315 Anneliese Drive

City State Zip Code
Falls Church VA 22044

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

Name of Employer USA OGC Occupation 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
0 6 / 1 4 / 2 0 0 5

Transaction ID: SA11A1.6019

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. Marc Knoller

Mailing Address 680 Camperdown Avenue

City State Zip Code
Teaneck NJ 07666

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

Name of Employer IDT Corp. 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
0 4 / 0 5 / 2 0 0 5

Transaction ID: SA11A1.6027

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)	▶	2250.00
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 / 131
	<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. Faye Shain Lee

Mailing Address 3144 Ravenwood Drive

City Falls Church State VA Zip Code 22044

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

Name of Employer Occupation 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
06 / 13 / 2005

Transaction ID: SA11A1.6045

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Jon S. Levy

Mailing Address 100 Bennett Avenue Apt. 3D

City New York State NY Zip Code 10033-8520

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

Name of Employer IDT Corp. 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
04 / 05 / 2005

Transaction ID: SA11A1.6053

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. Peter D. Linqiuti

Mailing Address 5823 27th Street North

City Arlington State VA Zip Code 22207

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

Name of Employer ICF Consulting 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
06 / 08 / 2005

Transaction ID: SA11A1.6057

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) ▶ **2100.00**

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 / 131
	<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. Paul V. Lombardi, Jr.

Mailing Address 7241 Addington Drive

City State Zip Code
McLean VA 22101

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

Name of Employer InPower 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
05 / 17 / 2005

Transaction ID: SA11A1.6059

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. Donald S. Lopez

Mailing Address 9028 Charles Augustine Drive

City State Zip Code
Alexandria VA 22308-2822

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

Name of Employer Smithsonian Institution Occupation Dep. Dir Nat'l Air & Space Museum

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
06 / 06 / 2005

Transaction ID: SA11A1.6061

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. Paul K. Maguire

Mailing Address 11875 Fallingcreek Drive

City State Zip Code
Manassas VA 20112

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

Name of Employer ProLogic Inc. Occupation VP

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
04 / 12 / 2005

Transaction ID: SA11A1.6071

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) ▶ **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 39 / 131
	<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. C. King Mallory, III

Mailing Address 1900 K Street NW

City Washington State DC Zip Code 20006-1109

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

Name of Employer Hunton & Williams LLP Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: SA11A1.6079

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. John L. Marshall

Mailing Address 4503 Javins Place

City Woodbridge State VA Zip Code 22193

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

Name of Employer Land Design Consultants Inc. Occupation Land Surveyor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 5

Transaction ID: SA11A1.6085

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. John Mason

Mailing Address 3845 Farr Oak Circle

City Fairfax State VA Zip Code 22030

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

Name of Employer SAIC Occupation Consultant

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 6 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.6089

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) ► **1250.00**

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 40 / 131
	<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. Daniel James Mattoon

Mailing Address 6344 Cavalier Corridor

City Falls Church State VA Zip Code 22044

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

Name of Employer Podesta Mattoon Occupation Lobbyist

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 4 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.6092

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. Daniel James Mattoon

Mailing Address 6344 Cavalier Corridor

City Falls Church State VA Zip Code 22044

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

Name of Employer Podesta Mattoon Occupation Lobbyist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3962.85

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.6634

Amount of Each Receipt this Period
 1962.85

In-kind - Capital Grill catering 4/26/05
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ms. Pamela J. Mazza

Mailing Address 10008 Hemswell Lane

City Potomac State MD Zip Code 20854

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

Name of Employer Pinero Mazza & Pargament Occupation Partner

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 4 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.6095

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)	▶	4962.85
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 / 131
	<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)
Dr. Carolyn M. McGee

Mailing Address 5110 Althea Drive

City State Zip Code
Annandale VA 22003-4146

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

Name of Employer Occupation
The Matrix Group Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 17 / 2005

Transaction ID: SA11A1.6106

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. Evan B. McMahon

Mailing Address 603 Samara Street

City State Zip Code
Apex NC 27502

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

Name of Employer Occupation
Miller & Long Construction Exec.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 13 / 2005

Transaction ID: SA11A1.6115

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. John M. McMahon

Mailing Address 4824 Rugby Avenue

City State Zip Code
Bethesda MD 20814

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

Name of Employer Occupation
Miller & Long Construction

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 13 / 2005

Transaction ID: SA11A1.6117

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)	▶	2250.00
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 / 131
	<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. James F. Miller

Mailing Address 1900 K Street NW

City State Zip Code
Washington DC 20006-1109

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

Name of Employer Occupation
Hunton & Williams LLP Partner

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

500.00

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

Transaction ID: SA11A1.6124

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. John A. Moran

Mailing Address 8959 Colesbury Place

City State Zip Code
Fairfax VA 22031

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

Name of Employer Occupation
Jones Walker et al LLB Special Counsel

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

500.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 5

Transaction ID: SA11A1.6137

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. Gerard N. Murphy

Mailing Address 2 Freas Court

City State Zip Code
North Potomac MD 20878

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

Name of Employer Occupation
best effort

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

500.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 5

Transaction ID: SA11A1.6139

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) ► **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 43 / 131
	<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. Gary Nakamoto		Date of Receipt M M / D D / Y Y Y Y Y 04 / 05 / 2005	
Mailing Address 1415 Buena Vista Avenue		Transaction ID: SA11A1.6141	
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 Occupation BTI Vice President	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. Mr. Joseph H. Nash, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 06 / 13 / 2005	
Mailing Address 8911 Mountain Valley Road		Transaction ID: SA11A1.6145	
City State Zip Code Fairfax Station VA 22039	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 ISSI Consulting Group 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. Joseph H. Nash, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 06 / 16 / 2005	
Mailing Address 8911 Mountain Valley Road		Transaction ID: SA11A1.6146	
City State Zip Code Fairfax Station VA 22039	Amount of Each Receipt this Period 40.00		
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 ISSI Consulting Group Consultant	Election Cycle-to-Date 540.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2540.00
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 / 131
	<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. Philip O. Nolan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5	
Mailing Address 1557 Dominion Hill Court		Transaction ID: SA11A1.6166	
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 Occupation Stanley Assoc. 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)			

Full Name (Last, First, Middle Initial) B. Ms. Holly L. Nolting		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5	
Mailing Address 3607 North Vernon Street		Transaction ID: SA11A1.6168	
City State Zip Code Arlington VA 22207-4541	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 Hoffman Mgmt. Inc. President	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. Mrs. Bernadine C. O'Hare		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5	
Mailing Address 5412 Tree Line Rrive		Transaction ID: SA11A1.6175	
City State Zip Code Centreville VA 20120-1675	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 Homemaker	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)	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 45 / 131
	<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. Ray J. Oleson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 5	
Mailing Address 12071 Chancery Station Circle		Transaction ID: SA11A1.6181	
City State Zip Code Reston VA 20190	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 SI Int'l	Occupation Chairman & CEO		
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. Nicholas G. Paleologos		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 10721 Stanmore Drive		Transaction ID: SA11A1.6189	
City State Zip Code Potomac MD 20854-1519	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 Miller & Long	Occupation Construction 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) C. Mr. Gary G. Pan		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5	
Mailing Address 744 Leigh Mill Road		Transaction ID: SA11A1.6193	
City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period 2100.00		
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 Panacea Consulting	Occupation Pres & CFO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

SUBTOTAL of Receipts This Page (optional) ▶	5100.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 131
	<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 G. Pan

Mailing Address 744 Leigh Mill Road

City State Zip Code
Great Falls VA 22066

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

Name of Employer Occupation
Panacea Consulting Pres & CFO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2005

Transaction ID: SA11A1.6194

Amount of Each Receipt this Period
400.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Julien G. Patterson

Mailing Address 2802 Pine Hollow Road

City State Zip Code
Oakton VA 22124

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

Name of Employer Occupation
Omniplex Corp. Pres. & CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2005

Transaction ID: SA11A1.6203

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. Douglas J. Patton

Mailing Address 3237 Ellicott Street NW

City State Zip Code
Washington DC 20008

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

Name of Employer Occupation
Holland & Knight Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2005

Transaction ID: SA11A1.6205

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)	2900.00
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 / 131
	<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. Abilio Pereira

Mailing Address 35 Mine Brook Road

City State Zip Code
Far Hills NJ 07931

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

Name of Employer Occupation
IDT Telcomm. 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
0 4 / 0 5 / 2 0 0 5

Transaction ID: SA11A1.6213

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)
Ms. Janet L. Powell

Mailing Address 506 Wythe Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Baker Donaldson Bearman & Caldwell Lobbyist

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
0 6 / 3 0 / 2 0 0 5

Transaction ID: SA11A1.6233

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. Frank J. Quirk

Mailing Address 2110 Forest Hill Road

City State Zip Code
Alexandria VA 22307

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

Name of Employer Occupation
Macro International 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
0 5 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.6239

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 48 / 131
	<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. W. Russell Ramsey

Mailing Address 10411 New Ascot Drive

City State Zip Code
Great Falls VA 22066

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

Name of Employer
CCP - Capital Crossover Partners

Occupation
Managing General 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
06 / 13 / 2005

Transaction ID: SA11A1.6245

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. Jay L. Reddy

Mailing Address 1140 Steeplechase Street

City State Zip Code
Morgantown WV 26505

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

Name of Employer
Pro.Logic

Occupation
CEO Chairman

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
04 / 12 / 2005

Transaction ID: SA11A1.6247

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. Karl Reichett

Mailing Address 9312 Old Mansion Road

City State Zip Code
Alexamdria VA 22309

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

Name of Employer
Greenberg Traurig

Occupation
Dir. Fed. Marketing

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1314.59

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 25 / 2005

Transaction ID: SA11A1.6637

Amount of Each Receipt this Period
1314.59

In-kind - fundraiser refresh. 5/17/05

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

SUBTOTAL of Receipts This Page (optional) ▶ **5314.59**

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 / 131
	<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. Marianne Reichett

Mailing Address 9312 Old Mansion Road

City State Zip Code
Alexandria VA 22309

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 ▼
1314.59

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

Transaction ID: SA11A1.6640

Amount of Each Receipt this Period
1314.59

In-kind - fundraiser refresh. 5/17/05
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mrs. Janet Reynolds

Mailing Address 6013 River Drive

City State Zip Code
Mason Neck VA 22079

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

Name of Employer Occupation
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
0 5 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.6258

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. Carlyle C. Ring, Jr.

Mailing Address 308 Monticello Boulevard

City State Zip Code
Alexandria VA 22305

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

Name of Employer Occupation
Ober Kaler 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 5 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.6262

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)	2064.59
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 / 131
	<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 M. Rosenthal

Mailing Address 1100 South Glebe Road

City State Zip Code
Arlington VA 22204-4309

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

Name of Employer Occupation
Rosenthal Auto Inc. Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2005

Transaction ID: SA11A1.6276

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)
Mrs. Lynn Rowland

Mailing Address 3727 Riverwood Road

City State Zip Code
Alexandria VA 22309

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

Name of Employer Occupation
Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 18 / 2005

Transaction ID: SA11A1.6278

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. W. Max Rugemer, Jr.

Mailing Address 10202 Oakton Station Court

City State Zip Code
Oakton VA 22124-2643

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

Name of Employer Occupation
CTAC CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2005

Transaction ID: SA11A1.6282

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) ► 2750.00

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 / 131
	<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. David H. Safavian

Mailing Address 1314 Gatewood Drive

City State Zip Code
Alexandria VA 22307

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

Name of Employer Occupation
US OMB Exec.

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

500.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2005

Transaction ID: SA11A1.6289

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. Joseph M. Sandri, Jr.

Mailing Address 9104 Alton Parkway

City State Zip Code
Silver Spring MD 20910

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

Name of Employer Occupation
IDT Corp. Executive

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

1000.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2005

Transaction ID: SA11A1.6295

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. Roger W. Sant

Mailing Address 2100 Pennsylvania Avenue NW
Suite 525

City State Zip Code
Washington DC 20037

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

Name of Employer Occupation
Self Investments

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

2000.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2005

Transaction ID: SA11A1.6296

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 52 / 131
	<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 H. Saunders

Mailing Address 204 Carrwood Road

City State Zip Code
Great Falls VA 22066

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

Name of Employer Occupation
best effort

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
06 / 08 / 2005

Transaction ID: SA11A1.6298

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. George P. Shafran

Mailing Address P.O. Box 6657

City State Zip Code
McLean VA 22106

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

Name of Employer Occupation
Self Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 22 / 2005

Transaction ID: SA11A1.6302

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)
Ms. Jennifer W. Siciliano

Mailing Address 8051 Prichard Court

City State Zip Code
Dunn Loring VA 22027

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

Name of Employer Occupation
Podesta Mattoon 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 Y
04 / 29 / 2005

Transaction ID: SA11A1.6314

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)	▶	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 53 / 131
	<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. Mark H. Simon		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 5
Mailing Address 2540 Kirklyn Street		Transaction ID: SA11A1.6320
City State Zip Code Falls Church VA 22043	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 Apple Daily Newspapers	Occupation Publishing	
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. J. Knox Singleton		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 10509 Adel Road		Transaction ID: SA11A1.6322
City State Zip Code Oakton VA 22124-1605	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 INOVA Health System	Occupation Health Care Management	
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. David A. Slayton		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5
Mailing Address 9844 Natick Road		Transaction ID: SA11A1.6330
City State Zip Code Burke VA 22015-2031	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 Dynamic Animated Systems	Occupation Owner	
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: (check only one)	PAGE 54 / 131
	<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. Susana B. Slayton		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2005	
Mailing Address 9844 Natick Road		Transaction ID: SA11A1.6332	
City State Zip Code Burke VA 22015-2031	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 Dynamic Animated Systems	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. Ms. Virginia A. Sniegion		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2005	
Mailing Address 5901 Mount Eagle Drive Unit 1402		Transaction ID: SA11A1.6336	
City State Zip Code Alexandria VA 22303-2503	Amount of Each Receipt this Period 100.00		
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 IDA	Occupation Defense Analysis		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) C. Mr. Peter A. Snyder		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2005	
Mailing Address 1100 Wilson Boulevard Suite 1400		Transaction ID: SA11A1.6338	
City State Zip Code Arlington VA 22209-2297	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 New Media Strategies	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		

SUBTOTAL of Receipts This Page (optional) ▶	2600.00
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 55 / 131
	<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 R. Sparks, Jr.

Mailing Address 6448 Spring Terrace

City Falls Church State VA Zip Code 22042

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

Name of Employer Sparks & Craig LLP Occupation Attorney

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
06 / 28 / 2005

Transaction ID: SA11A1.6342

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. Thomas C. Spavins

Mailing Address 500 North Park Drive

City Arlington State VA Zip Code 22203

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

Name of Employer FCC Occupation Economist

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
06 / 14 / 2005

Transaction ID: SA11A1.6344

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. H. Jay Spiegel

Mailing Address P.O. Box 11

City Mount Vernon State VA Zip Code 22121

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

Name of Employer H. Jay Spiegel & Associates PC Occupation 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
06 / 22 / 2005

Transaction ID: SA11A1.6346

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 56 / 131
	<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. Roger M. Sudduth		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 5	
Mailing Address 511 Arnon Lake Drive		Transaction ID: SA11A1.6369	
City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period 100.00		
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 Contractor	Election Cycle-to-Date ▼ 300.00		
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. Roger M. Sudduth		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 5	
Mailing Address 511 Arnon Lake Drive		Transaction ID: SA11A1.6370	
City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period 100.00		
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 Contractor	Election Cycle-to-Date ▼ 400.00		
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. Tom Toomey		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 5	
Mailing Address 33768 Alta Vista Drive		Transaction ID: SA11A1.6395	
City State Zip Code Evergreen CO 80439-9644	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 United Dominion Realty Trust Occupation Executive	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) ▶	1200.00
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 / 131
	<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 M. Toups		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2005	
Mailing Address 1460 Waggamon Circle		Transaction ID: SA11A1.6399	
City McLean	State VA	Zip Code 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 Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Mr. Jerry O. Tuttle		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2005	
Mailing Address 1468 Highwood Drive		Transaction ID: SA11A1.6403	
City McLean	State VA	Zip Code 22101-2517	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 Self Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation onsultant Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Alan M. Voorhees		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2005	
Mailing Address 1308 Devils Reach Road Suite 302		Transaction ID: SA11A1.6416	
City Woodbridge	State VA	Zip Code 22192	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 Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Investments 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 58 / 131
	<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. J. Daniel Walsh

Mailing Address 123 Seventh Street NE

City State Zip Code
Washington DC 20002

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

Name of Employer Greenberg Traurig LLP Occupation Dir Gov't Affairs

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 18 / 2005

Transaction ID: SA11A1.6419

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. Roberta M. Webb

Mailing Address 6436 Sleepy Ridge Road

City State Zip Code
Falls Church VA 22042

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

Name of Employer Occupation 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
06 / 08 / 2005

Transaction ID: SA11A1.6423

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. Charles J. Weir

Mailing Address 2812 Thaxton Lane

City State Zip Code
Oakton VA 22124-3019

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

Name of Employer Occupation 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
06 / 13 / 2005

Transaction ID: SA11A1.6427

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 59 / 131
	<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. Jerry Wesbecher		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2005	
Mailing Address 3211 Latigo Court		Transaction ID: SA11A1.6429	
City State Zip Code Oakton VA 22124	Amount of Each Receipt this Period 330.00		
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 Pearson Gov't Solutions	Occupation Sr. VP		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) B. Ms. Mary M. Westbrook		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2005	
Mailing Address 3692 Crippin Court NE		Transaction ID: SA11A1.6431	
City State Zip Code North Liberty IA 52317	Amount of Each Receipt this Period 330.00		
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 Pearson Gov't Solutions	Occupation Sr. VP & Gen. Mgr		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) C. Mr. David C. Whitestone		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2005	
Mailing Address 9909 South Park Circle		Transaction ID: SA11A1.6434	
City State Zip Code Farifax 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 Holland & Knight LLP	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		

SUBTOTAL of Receipts This Page (optional) ▶	1660.00
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 60 / 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Earle C. Williams		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2005	
Mailing Address 1480 Evans Farm Drive No. 301		Transaction ID: SA11A1.6441	
City State Zip Code McLean VA 22101-5652	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 n/a Occupation Retired	Election Cycle-to-Date 3000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Mr. Michael E. Williams		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2005	
Mailing Address 906 MacMillian Court		Transaction ID: SA11A1.6443	
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 Greenberg Traurig LLP Occupation Sr. Dir. of Gov't Affairs	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. Dennis J. Yee		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2005	
Mailing Address 8510 Country Club Drive		Transaction ID: SA11A1.6463	
City State Zip Code Bethesda MD 20817-4581	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 Abacus Technology Corp. Occupation Pres.	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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 61 / 131	
	(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. H. Michael Yeh

Mailing Address 10717 Balantre Lane

City	State	Zip Code
Potomac	MD	20854

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

Name of Employer Eastern Research Corp.	Occupation Chairman
--	------------------------

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	5	/	2	5	/	2	0	0	5

Transaction ID: SA11A1.6465

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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	174191.23

**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 / 131
	<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. Accenture PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 5	
Mailing Address 800 Connecticut Avenue NW Suite 600		Transaction ID: SA11C.5318	
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C C00300707		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Multicandidate - C00300707 Occupation PAC	Election Cycle-to-Date 3000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Altria Group Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 5	
Mailing Address 101 Constitution Avenue NW Suite 400 West		Transaction ID: SA11C.5320	
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00089136		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Multicandidate - C00089136 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. American Bankers Association - BankPac		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5	
Mailing Address 1120 Connecticut Avenue NW		Transaction ID: SA11C.5322	
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00004275		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Multicandidate - C00004275 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)	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:	PAGE 63 / 131
	(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. American Congress on Surveying and Mapping PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address 5410 Grosvenor Lane Suite 100		Transaction ID: SA11C.5324
City State Zip Code Bethesda MD 20814	FEC ID number of contributing federal political committee. C C00152892	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	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 Dental PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 5
Mailing Address 1111 Fourteenth Street NW Suite 1100		Transaction ID: SA11C.5326
City State Zip Code Washington DC 20005	FEC ID number of contributing federal political committee. C C00000729	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation Multicandidate - C00000729 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 Hospital Association PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 5
Mailing Address 325 Seventh Street NW Liberty Place Suite 700		Transaction ID: SA11C.5328
City State Zip Code Washington DC 20004-2802	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00
Name of Employer Occupation Multicandidate - C00106146 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 ▼ 1500.00	

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:	PAGE 64 / 131
	(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. AMERICAN RESORT DEVELOPMENT ASSOCIATION POLITICAL ACTION COMMITTEE (ARDA-PAC)		Date of Receipt
Mailing Address 1201 15TH STREET NW 4TH FLOOR		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2005"/>
City	State	Zip Code
WASHINGTON	DC	20005
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.5330
<input type="text" value="C"/> <input type="text" value="C00129932"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="2500.00"/>
Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. American Society of Association Executives ASAE		Date of Receipt
Mailing Address 1575 I Street NW		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2005"/>
City	State	Zip Code
Washington	DC	20005-1168
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.5332
<input type="text" value="C"/> <input type="text" value=""/>		Amount of Each Receipt this Period
Name of Employer Multicandidate - C00041566		<input type="text" value="1000.00"/>
Occupation PAC		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. American Systems Corporation PAC		Date of Receipt
Mailing Address 13990 Parkeast Circle		<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2005"/>
City	State	Zip Code
Chantilly	VA	20151
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.5334
<input type="text" value="C"/> <input type="text" value=""/>		Amount of Each Receipt this Period
Name of Employer Multicandidate - C00215590		<input type="text" value="2000.00"/>
Occupation PAC		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

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 / 131
	<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. Anteon Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 5
Mailing Address 3211 Jermantown Road Suite 700		Transaction ID: SA11C.5336
City State Zip Code Fairfax VA 22030	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 C00337204	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) B. Anteon Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5
Mailing Address 3211 Jermantown Road Suite 700		Transaction ID: SA11C.5337
City State Zip Code Fairfax VA 22030	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 C00337204	Occupation PAC	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. Associated Builders & Contractor PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 5
Mailing Address 1300 North 17th Street		Transaction ID: SA11C.5339
City State Zip Code Rosslyn VA 22209	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 - C00010421	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	

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: (check only one)	PAGE 66 / 131
	<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 Y 0 5 / 1 8 / 2 0 0 5
Mailing Address 1120 20th Street NW Suite 1000		Transaction ID: SA11C.5340
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 ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. AUTOMOTIVE FREE INTERNATIONAL TRADE PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 5
Mailing Address 1625 Prince Street Suite 225		Transaction ID: SA11C.5342
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00250399		<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 ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Bank of America PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 5
Mailing Address 730 Fifteenth Street NW		Transaction ID: SA11C.5344
City State Zip Code Washington DC 20005-2102	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 - C00364778	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) ▶	7000.00
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 / 131
	<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)
Boeing PAC Fed. Account

Mailing Address 1200 Wilson Boulevard

City State Zip Code
Arlington VA 22209

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

Name of Employer Occupation
Multicandidate - C001427-11 PAC

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 20 / 2005

Transaction ID: SA11C.5345

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)
Capital One Associates PAC

Mailing Address 1680 Capital One Drive

City State Zip Code
McLean VA 22102

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

Name of Employer Occupation
Multicandidate - C00326595 PAC

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2005

Transaction ID: SA11C.5346

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)
ChevronTexaco Employees PAC

Mailing Address 1401 Eye Street NW Suite 1200

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
C00035006 PAC

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
06 / 20 / 2005

Transaction ID: SA11C.5348

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 68 / 131
	<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. Colonial Properties Trust PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 5		
Mailing Address 2101 6th Avenue North Suite 750		Transaction ID: SA11C.5350		
City Birmingham State AL Zip Code 35203	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)	
FEC ID number of contributing federal political committee. C				
Name of Employer C00327668 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. Comcast Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5		
Mailing Address 1500 Market Street 35th Floor		Transaction ID: SA11C.5352		
City Philadelphia State PA Zip Code 19102	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)	
FEC ID number of contributing federal political committee. C				
Name of Employer Multicandidate - C00248716 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. Computer Sciences Corp. (CSC PAC)		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 5		
Mailing Address 3170 Fairview Park Drive MC 415		Transaction ID: SA11C.5354		
City Falls Church State VA Zip Code 22042	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)	
FEC ID number of contributing federal political committee. C				
Name of Employer C00101410 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) ▶	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 69 / 131
	<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) Credit Union Legislative Action Council		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 5
Mailing Address 601 Pennsylvania Avenue NW South Building- Suite 600		Transaction ID: SA11C.5356
City Washington State DC Zip Code 20004-2601	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 - C00007880	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	

B. Full Name (Last, First, Middle Initial) Dell Computer Corp. PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 1225 Eye Street NW Suite 920		Transaction ID: SA11C.5358
City Washington State DC Zip Code 20005	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 - C00369751	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	

C. Full Name (Last, First, Middle Initial) EDS Employees PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 1331 Pennsylvania Avenue NW Suite1300 North		Transaction ID: SA11C.5360
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 multicandidate - C00111658	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) ▶	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 70 / 131
	<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. Employees of Northrup Grumman (ENGPAC)		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5	
Mailing Address 520 South Grand Avenue Suite 700		Transaction ID: SA11C.5362	
City State Zip Code Los Angeles CA 90071	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 - C00088591	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) B. Engineered Support Systems Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5	
Mailing Address 1235 South Clark Street Suite 305		Transaction ID: SA11C.5364	
City State Zip Code Arlington VA 22202	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 C00350702	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. FAA Managers Association Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5	
Mailing Address P.O. Box 872984		Transaction ID: SA11C.5366	
City State Zip Code Wasilla AK 99687-2984	Amount of Each Receipt this Period 5000.00		
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 - C00366070	Occupation PAC		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	10000.00
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 / 131
	(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

A. Full Name (Last, First, Middle Initial) Federal Express FEPAC Mailing Address P.O. Box 529 City State Zip Code Washington DC 20044-0529		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: SA11C.5368 Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	0	5	2500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		3	1		2	0	0	5														
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 - C00068692 Occupation PAC	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
Election Cycle-to-Date ▼ <table border="1"> <tr> <td>2500.00</td> </tr> </table>		2500.00																					
2500.00																							

B. Full Name (Last, First, Middle Initial) Federal Home Loan Mortgage Corp.- Freddie PAC Mailing Address 8200 Jones Branch Road MS 604 City State Zip Code McLean VA 22102		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: SA11C.5370 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	8		2	0	0	5	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	8		2	0	0	5														
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 C00404129 Occupation PAC	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
1000.00																							

C. Full Name (Last, First, Middle Initial) Fluor Corp PAC Mailing Address 403 East Capitol Street SE City State Zip Code Washington DC 20003		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: SA11C.5372 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	5	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		3	0		2	0	0	5														
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 - C00034132 Occupation PAC	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
1000.00																							

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 72 / 131
(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)
Good Gov't for America Committee

Mailing Address Post Office Box 87
Suite 1

City State Zip Code
Alexandria VA 22313

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

Name of Employer Occupation
Multicandidate - C00317479 PAC

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

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	0	5

Transaction ID: SA11C.5374

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
Good Gov't for America Committee

Mailing Address Post Office Box 87
Suite 1

City State Zip Code
Alexandria VA 22313

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

Name of Employer Occupation
Multicandidate - C00317479 PAC

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

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	0	5

Transaction ID: SA11C.5375

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)
Greenberg Traurig PA PAC

Mailing Address 1221 Brickell Avenue

City State Zip Code
Miami FL 33131

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

Name of Employer Occupation
C00266585 PAC

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

1500.00

Date of Receipt

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

Transaction ID: SA11C.5377

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional) ► **11500.00**

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 73 / 131
	(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. Halliburton Company PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 5
Mailing Address 1150 18th Street NW Suite 200		Transaction ID: SA11C.5379
City State Zip Code Washington DC 20036	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 - C00035691	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) B. Hannon Armstrong Capital LLC PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 5
Mailing Address 1997 Annapolis Exchange Parkway Suite 520		Transaction ID: SA11C.5381
City State Zip Code Annapolis MD 21401	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 C00396085	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. Health Savings Accounts PAC Inc.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 1747 Pennsylvania Avenue NW		Transaction ID: SA11C.5383
City State Zip Code Washington DC 20006-4604	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 C00402743	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) ▶	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 74 / 131
(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)
Holland & Knight PAC

Mailing Address 2099 Pennsylvania Avenue NW
Suite 100

City State Zip Code
Washington DC 20006-6801

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

Name of Employer Occupation
Multicandidate - C00171330 PAC

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

2000.00

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

Transaction ID: SA11C.5385

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)
Holland & Knight PAC

Mailing Address 2099 Pennsylvania Avenue NW
Suite 100

City State Zip Code
Washington DC 20006-6801

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

Name of Employer Occupation
Multicandidate - C00171330 PAC

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

3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 5

Transaction ID: SA11C.5386

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)
Humane USA PAC

Mailing Address P.O. Box 19224

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation
C00350439 PAC

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
0 6 / 3 0 / 2 0 0 5

Transaction ID: SA11C.5388

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:	PAGE 75 / 131
	(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. IDT Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 5
Mailing Address 520 Broad Street		Transaction ID: SA11C.5390
City State Zip Code Newark NJ 07102	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 C00367383	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) B. Int'l Assn. of Fire Fighters FIREPAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 5
Mailing Address 1750 New York Avenue NW		Transaction ID: SA11C.5391
City State Zip Code Washington DC 20006	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 - C00029447	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. International Paper PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 1101 Pennsylvania Avenue NW Suite 200		Transaction ID: SA11C.5393
City State Zip Code Washington DC 20004	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 C00034405	Occupation PAC	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

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 76 / 131
	(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. Johnson Controls Inc. Fed. PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5
Mailing Address 5757 North Green Avenue		Transaction ID: SA11C.5395
City Milwaukee	State WI	Zip Code 53209-4408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Multicandidate - C00343095	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) B. Lockheed Martin Employees' PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 5
Mailing Address 1550 Crystal Drive CS-2 Suite 300		Transaction ID: SA11C.5397
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Multicandidate - C00303024	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 ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. MAPPS PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 1760 Reston Parkway Suite 515		Transaction ID: SA11C.5399
City Reston	State VA	Zip Code 20190
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer C00233247	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 ▼ 500.00	

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 77 / 131
	<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. MBNA CORPORATION FEDERAL POLITICAL COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 5
Mailing Address 1100 North King Street		Transaction ID: SA11C.5401
City State Zip Code Wilmington DE 19884	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00252866	<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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. MCI Employees PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 1133 Nineteenth Street NW		Transaction ID: SA11C.5402
City State Zip Code Washington DC 20036-3604	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 - C00142836 PAC	Election Cycle-to-Date ▼ 3500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Medco Health PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5
Mailing Address 591 Redwood Highway Building 4000		Transaction ID: SA11C.5404
City State Zip Code Mill Valley CA 94941	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- C00384362 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: (check only one)	PAGE 78 / 131
	<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. NAPUS PAC for Postmasters		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 5
Mailing Address 8 Herbert Street		Transaction ID: SA11C.5405
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 3000.00	
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 Star Route Mail Contractors STAR-PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address 324 East Capitol Street NE		Transaction ID: SA11C.5406
City State Zip Code Washington DC 20003	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 - C00163311 PAC	Election Cycle-to-Date 3500.00	
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 0 6 / 2 0 / 2 0 0 5
Mailing Address 324 East Capitol Street NE		Transaction ID: SA11C.5407
City State Zip Code Washington DC 20003	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 - C00163311 PAC	Election Cycle-to-Date 4500.00	
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: (check only one)	PAGE 79 / 131
	<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)
National Assn of Letter Carriers COLCPE

Mailing Address **100 Indiana Avenue NW**

City **Washington** State **DC** Zip Code **20001**

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

Name of Employer **Multicandidate - C00023580** Occupation **PAC**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 18 / 2005

Transaction ID: SA11C.5409

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
National Community Pharmacists Assn. - NCPA PAC

Mailing Address **205 Daingerfield Road**

City **Alexandria** State **VA** Zip Code **22314**

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

Name of Employer **C00030809** 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
05 / 13 / 2005

Transaction ID: SA11C.5411

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)
National Education Association (NEAPAC)

Mailing Address **1201 Sixteenth Street NW**

City **Washington** State **DC** Zip Code **20036**

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

Name of Employer **C70002209** 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
06 / 20 / 2005

Transaction ID: SA11C.5413

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)	7000.00
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 80 / 131
	(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) National League Of Postmasters PAC Mailing Address 1023 North Royal Street City Alexandria State VA Zip Code 22314-1569 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: SA11C.5414 Amount of Each Receipt this Period <table border="1"> <tr> <td style="text-align: right;">1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	5	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	9		2	0	0	5														
1000.00																							
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 ▼ <table border="1"> <tr> <td style="text-align: right;">3000.00</td> </tr> </table>		3000.00																					
3000.00																							

B. Full Name (Last, First, Middle Initial) National Multi Housing Council PAC Mailing Address 1850 M Street NW Suite 540 City Washington State DC Zip Code 20036-5816 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: SA11C.5416 Amount of Each Receipt this Period <table border="1"> <tr> <td style="text-align: right;">1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	5	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		3	0		2	0	0	5														
1000.00																							
Name of Employer C00130773 Occupation PAC Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td style="text-align: right;">1000.00</td> </tr> </table>		1000.00																					
1000.00																							

C. Full Name (Last, First, Middle Initial) National Rural Letter Carriers NRLCA PAC Mailing Address 1630 Duke Street 4th Floor City Alexandria State VA Zip Code 22314-3465 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: SA11C.5417 Amount of Each Receipt this Period <table border="1"> <tr> <td style="text-align: right;">1500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	5	1500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	9		2	0	0	5														
1500.00																							
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 ▼ <table border="1"> <tr> <td style="text-align: right;">2500.00</td> </tr> </table>		2500.00																					
2500.00																							

SUBTOTAL of Receipts This Page (optional) ▶	<table border="1"> <tr> <td style="text-align: right;">3500.00</td> </tr> </table>	3500.00
3500.00		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td style="text-align: right;"> </td> </tr> </table>	

**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 81 / 131
	<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. Norfolk Southern Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2005
Mailing Address 1500 K Street NW Suite 375		Transaction ID: SA11C.5419
City State Zip Code Washington DC 20005	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 - C00009282	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. Novartis Corp. PAC		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2005
Mailing Address 701 Pennsylvania Avenue NW Suite 725		Transaction ID: SA11C.5421
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 - C00033969	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. O'Melveny & Myers PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2005
Mailing Address 1625 Eye Street NW		Transaction ID: SA11C.5423
City State Zip Code Washington DC 20006-4031	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 - C00159954	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) ▶	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 82 / 131
	<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. O'Melveny & Myers PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2005	
Mailing Address 1625 Eye Street NW		Transaction ID: SA11C.5424	
City State Zip Code Washington DC 20006-4031	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 - C00159954	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) B. Oracle Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2005	
Mailing Address 1015 Fifteenth Street NW Suite 200		Transaction ID: SA11C.5426	
City State Zip Code Washington DC 20005-2635	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 - C00323048	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. Orbital Sciences Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2005	
Mailing Address 21700 Atlantic Boulevard		Transaction ID: SA11C.5427	
City State Zip Code Dulles VA 20166	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 - C00195263	Occupation PAC		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

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 83 / 131
	<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. Parsons Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2005
Mailing Address 100 West Walnut Street T-1110		Transaction ID: SA11C.5429
City Pasadena State CA Zip Code 91124	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 - C00103549	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. PGA Tour PAC		Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2005
Mailing Address 112 PGA Tour Boulevard		Transaction ID: SA11C.5431
City Ponte Vedra Beach State FL Zip Code 32082	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 C00196428	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. Printing Industries of America - Print PAC		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2005
Mailing Address 100 Dangerfield Road		Transaction ID: SA11C.5433
City Alexandria State VA Zip Code 22314	Amount of Each Receipt this Period 5000.00	
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 C00018028	Occupation PAC	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
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 84 / 131
	(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. Professional Services Council PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 5
Mailing Address 2101 Wilson Boulevard Suite 750		Transaction ID: SA11C.5435
City Arlington State VA Zip Code 22201	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 C00132456 Occupation 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. Rockwell Collins Good Gov't Committee		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 5
Mailing Address 1300 Wilson Boulevard Suite 200		Transaction ID: SA11C.5437
City Arlington State VA Zip Code 22209-2307	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 - C00365684 Occupation 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) C. RR Donnelley Good Gov't Fund		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 77 West Wacker Drive		Transaction ID: SA11C.5439
City Chicago State IL Zip Code 60601-1696	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 C00033977 Occupation PAC	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)	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 85 / 131
	<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. SAIC Voluntary PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 5
Mailing Address 1919 Pennsylvania Avenue NW Suite 650		Transaction ID: SA11C.5441
City State Zip Code Washington DC 20006	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 - C00300418	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. Seniors Housing PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address 5100 Wisconsin Avenue NW Suite 307		Transaction ID: SA11C.5443
City State Zip Code Washington DC 20016	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 - C00325332	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. Siebel PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5
Mailing Address 2207 Bridgepointe Parkway		Transaction ID: SA11C.5447
City State Zip Code San Mateo CA 94404	Amount of Each Receipt this Period 5000.00	
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 - C00364711	Occupation PAC	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
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 86 / 131
	(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. Siemens Corp. PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 5
Mailing Address 701 Pennsylvania Avenue NW Suite 720		Transaction ID: SA11C.5448
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 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. SI International Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 2099 Gaithers Road 3rd Floor		Transaction ID: SA11C.5445
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 C00402669 Occupation PAC	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. Sprint Corp. PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 6450 Sprint Parkway		Transaction ID: SA11C.5449
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 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: PAGE 87 / 131			
	(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. Suntrust Bank Good Gov't Group - Mid Atlantic		Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2005
Mailing Address 8330 Boone Boulevard c/o Sun Trust Bank		Transaction ID: SA11C.5451
City Vienna	State VA	Zip Code 22182
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<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. UNISYS Corp. Employees PAC		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2005
Mailing Address One UniSys Way MS B214		Transaction ID: SA11C.5453
City Blue Bell	State PA	Zip Code 19424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Multicandidate - C00345603	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) C. UNISYS Corp. Employees PAC		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2005
Mailing Address One UniSys Way MS B214		Transaction ID: SA11C.5454
City Blue Bell	State PA	Zip Code 19424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Multicandidate - C00345603	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	

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 88 / 131
	<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. UNISYS Corp. Employees PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5	
Mailing Address One UniSys Way MS B214		Transaction ID: SA11C.5455	
City State Zip Code Blue Bell PA 19424	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 - C00345603 PAC	Election Cycle-to-Date 3000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. United Airlines Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 5	
Mailing Address 1025 Connecticut Avenue NW Suite 1210		Transaction ID: SA11C.5457	
City State Zip Code Washington DC 20036	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 Occupation C00078261 PAC	Election Cycle-to-Date 1500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. UPSPAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5	
Mailing Address 55 Glenlake Parkway NE		Transaction ID: SA11C.5459	
City State Zip Code Atlanta GA 30328	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 - C00064766 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) ▶	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 89 / 131
	<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. Venable Attorney's at Law VEN-PAC		Date of Receipt MM / DD / YYYY 05 / 02 / 2005
Mailing Address P.O. Box 83142		Transaction ID: SA11C.6650
City Gaithersburg State MD Zip Code 20883-3142	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 355.64
Name of Employer Multicandidate - C00369660 Occupation PAC	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	In-kind - meeting fresh. 2/4/05 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 355.64		

Full Name (Last, First, Middle Initial) B. Venable Attorney's at Law VEN-PAC		Date of Receipt MM / DD / YYYY 05 / 13 / 2005
Mailing Address P.O. Box 83142		Transaction ID: SA11C.6653
City Gaithersburg State MD Zip Code 20883-3142	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 355.64
Name of Employer Multicandidate - C00369660 Occupation PAC	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	In-kind - meeting refresh. 5/6/05 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 711.28		

Full Name (Last, First, Middle Initial) C. Verizon Communications Good Gov't Club		Date of Receipt MM / DD / YYYY 04 / 12 / 2005
Mailing Address 1300 Eye Street NW Suite 400 West		Transaction ID: SA11C.5464
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Multicandidate - C00186288 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		

SUBTOTAL of Receipts This Page (optional)	▶	1711.28
TOTAL This Period (last page this line number only)	▶	134211.28

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 90 / 131	
	(check only one)			
<input 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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
TOM DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BB&T

Mailing Address 7205 Little River Turnpike

City Annandale State VA Zip Code 22003

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

Name of Employer Interest on CD Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6030.30

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2005

Transaction ID: SA15.5316

Amount of Each Receipt this Period
6030.30

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

SUBTOTAL of Receipts This Page (optional)	▶	6030.30
TOTAL This Period (last page this line number only)	▶	6030.30

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. (CSI) Contential Services Inc.		Transaction ID: SB17.6598 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 5
Mailing Address 7700 Southern Drive		Amount of Each Disbursement this Period 250.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Springfield State VA Zip Code 22150	Purpose of Disbursement mail house 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. (CSI) Contential Services Inc.		Transaction ID: SB17.6549 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 5
Mailing Address 7700 Southern Drive		Amount of Each Disbursement this Period 971.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Springfield State VA Zip Code 22150	Purpose of Disbursement mail house 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. (CSI) Contential Services Inc.		Transaction ID: SB17.6550 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 5
Mailing Address 7700 Southern Drive		Amount of Each Disbursement this Period 256.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Springfield State VA Zip Code 22150	Purpose of Disbursement mail house 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) ▶	1478.31
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. Full Name (Last, First, Middle Initial) (CSI) Contential Services Inc.		Transaction ID: SB17.6551 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 5
Mailing Address 7700 Southern Drive		Amount of Each Disbursement this Period 964.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Springfield State VA Zip Code 22150	Purpose of Disbursement mail house 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	

B. Full Name (Last, First, Middle Initial) 10th District Republican Committee		Transaction ID: SB17.6675 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 5
Mailing Address P.O. Box F		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 The Plains State VA Zip Code 20198	Purpose of Disbursement sponsorship Candidate Name Category/Type	
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) ▼	

C. Full Name (Last, First, Middle Initial) A.B. Dick Company		Transaction ID: SB17.6588 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 5
Mailing Address 5700 West Touhy Avenue		Amount of Each Disbursement this Period 158.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Niles State IL Zip Code 60714	Purpose of Disbursement Rizzo 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1373.40
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: SB17.6555 Date of Disbursement 06 / 26 / 2005
Mailing Address 5700 West Touhy Avenue		Amount of Each Disbursement this Period 158.45
City Niles State IL Zip Code 60714	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rizzo service (May)	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. A.B. Dick Company		Transaction ID: SB17.6556 Date of Disbursement 06 / 26 / 2005
Mailing Address 5700 West Touhy Avenue		Amount of Each Disbursement this Period 190.02
City Niles State IL Zip Code 60714	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rizzo service (Jun)	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) C. Annandale / Ravensworth Storage 24719		Transaction ID: SB17.6589 Date of Disbursement 04 / 01 / 2005
Mailing Address 4312 Ravensworth Road		Amount of Each Disbursement this Period 259.00
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 Locker rent Apr 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other	

SUBTOTAL of Disbursements This Page (optional)	607.47
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. Annandale / Ravensworth Storage 24719		Transaction ID: SB17.6565 Date of Disbursement MM / DD / YYYY 05 / 01 / 2005
Mailing Address 4312 Ravensworth Road		Amount of Each Disbursement this Period 259.00
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 Locker rent May 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. Annandale / Ravensworth Storage 24719		Transaction ID: SB17.6566 Date of Disbursement MM / DD / YYYY 06 / 01 / 2005
Mailing Address 4312 Ravensworth Road		Amount of Each Disbursement this Period 280.00
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 Locker rent Jun 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. Bergeron's		Transaction ID: SB17.6590 Date of Disbursement MM / DD / YYYY 04 / 03 / 2005
Mailing Address 8002 Haute Court		Amount of Each Disbursement this Period 476.25
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1015.25
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: SB17.6561 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 5
Mailing Address 8002 Haute Court		Amount of Each Disbursement this Period 153.50
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) ▼ Other	

Full Name (Last, First, Middle Initial) B. Bergeron's		Transaction ID: SB17.6562 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 5
Mailing Address 8002 Haute Court		Amount of Each Disbursement this Period 71.75
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	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. Campaign Solutions		Transaction ID: SB17.6591 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 5
Mailing Address 118 North Saint Asaph Street		Amount of Each Disbursement this Period 100.00
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	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) ▶	325.25
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

A. Campaign Solutions Full Name (Last, First, Middle Initial) Mailing Address 118 North Saint Asaph Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement hosting fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: SB17.6655 Date of Disbursement: M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 5 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Campaign Solutions Full Name (Last, First, Middle Initial) Mailing Address 118 North Saint Asaph Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement hosting fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: SB17.6658 Date of Disbursement: M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Campaign Solutions Full Name (Last, First, Middle Initial) Mailing Address 118 North Saint Asaph Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement hosting fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: SB17.6659 Date of Disbursement: M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 5 Amount of Each Disbursement this Period 100.00 <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) ▶	300.00
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. Capitol Hill Club		Transaction ID: SB17.6592 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 5
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 1753.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reception 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. Celebrations Hospitality Inc.		Transaction ID: SB17.6593 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address 504 Glenn Drive No. 3		Amount of Each Disbursement this Period 1500.00
City Sterling State VA Zip Code 20164	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement deposit 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. Celebrations Hospitality Inc.		Transaction ID: SB17.6581 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 5
Mailing Address 504 Glenn Drive No. 3		Amount of Each Disbursement this Period 1740.34
City Sterling State VA Zip Code 20164	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement refreshments 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) ▶	4993.34
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)

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<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. Timothy M. Chapman		Transaction ID: SB17.6645 Date of Disbursement 05 / 12 / 2005	
Mailing Address 1610 West Abington Drive No. 101		Amount of Each Disbursement this Period 2100.00	
City Alexandria State VA Zip Code 22314-1008	Purpose of Disbursement In-kind - catered fundraiser Ruth Chris		
Candidate Name		Category/Type	
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) ▼		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		<input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. Mr. Timothy M. Chapman		Transaction ID: SB17.6647 Date of Disbursement 05 / 12 / 2005	
Mailing Address 1610 West Abington Drive No. 101		Amount of Each Disbursement this Period 479.20	
City Alexandria State VA Zip Code 22314-1008	Purpose of Disbursement In-kind - catered fundraiser Ruth Chris		
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		<input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. Cingular Wireless Washington/Baltimore - TMD		Transaction ID: SB17.6594 Date of Disbursement 04 / 01 / 2005	
Mailing Address P. O. Box 64651		Amount of Each Disbursement this Period 175.20	
City Baltimore State MD Zip Code 21264	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		<input type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional) ▶	2754.40
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: SB17.6552 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 5
Mailing Address P. O. Box 64651		Amount of Each Disbursement this Period 178.97
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. Cingular Wireless Washington/Baltimore - TMD		Transaction ID: SB17.6553 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5
Mailing Address P. O. Box 64651		Amount of Each Disbursement this Period 173.14
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) C. Cingular Wireless Washington/Baltimore - TMD		Transaction ID: SB17.6554 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 5
Mailing Address P. O. Box 64651		Amount of Each Disbursement this Period 172.08
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	

SUBTOTAL of Disbursements This Page (optional) ▶	524.19
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)

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<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		Transaction ID: SB17.6595 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 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 - Apr 05 retainer		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. Commonwealth Consultants		Transaction ID: SB17.6575 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 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 Bonus #2		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) ▼	

Full Name (Last, First, Middle Initial) C. Commonwealth Consultants		Transaction ID: SB17.6576 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 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 - May 05 retainer		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) ▶	12000.00
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)

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<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		Transaction ID: SB17.6577 Date of Disbursement 05 / 18 / 2005
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 Bonus #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 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: SB17.6596 Date of Disbursement 06 / 01 / 2005
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 - Jun 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) ▼ Other	

Full Name (Last, First, Middle Initial) C. Commonwealth Consultants		Transaction ID: SB17.6587 Date of Disbursement 06 / 22 / 2005
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 - Jul 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) ▼ Other	

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
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. Commonwealth Consultants - reimb		Transaction ID: SB17.6597 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 5
Mailing Address 8321 Old Courthouse Road Suite 250		Amount of Each Disbursement this Period 859.62
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 fundraising expense 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) B. Commonwealth Consultants - reimb		Transaction ID: SB17.6540 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 5
Mailing Address 8321 Old Courthouse Road Suite 250		Amount of Each Disbursement this Period 1543.65
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 fundraising expense Apr 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. Commonwealth Consultants - reimb		Transaction ID: SB17.6541 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 8321 Old Courthouse Road Suite 250		Amount of Each Disbursement this Period 1276.86
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 fundraising expense May 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) ▶

3680.13

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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: SB17.6599 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 5
Mailing Address P.O. Box 26666		Amount of Each Disbursement this Period 193.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State VA Zip Code 23261-6666	Purpose of Disbursement Electric 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 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: SB17.6569 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 5
Mailing Address P.O. Box 26666		Amount of Each Disbursement this Period 96.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State VA Zip Code 23261-6666	Purpose of Disbursement Electric 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. Dominion Virginia Power		Transaction ID: SB17.6570 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address P.O. Box 26666		Amount of Each Disbursement this Period 104.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State VA Zip Code 23261-6666	Purpose of Disbursement Electric 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) ▶	394.24
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)

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<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. Executive Press Full Name (Last, First, Middle Initial) Mailing Address 10412 Main Street City Fairfax State VA Zip Code 22030 Purpose of Disbursement A4 magnetic car signs 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) ▼		Transaction ID: SB17.6600 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 5 Amount of Each Disbursement this Period 315.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Four Star Printing Full Name (Last, First, Middle Initial) Mailing Address 8455-R Tyco Road City Vienna State VA Zip Code 22182 Purpose of Disbursement print service 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) ▼		Transaction ID: SB17.6601 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 5 Amount of Each Disbursement this Period 452.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Four Star Printing Full Name (Last, First, Middle Initial) Mailing Address 8455-R Tyco Road City Vienna State VA Zip Code 22182 Purpose of Disbursement print service 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) ▼		Transaction ID: SB17.6583 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 5 Amount of Each Disbursement this Period 423.69 <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) ▶	1191.41
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)

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<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: SB17.6584 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 5
Mailing Address 8455-R Tyco Road		Amount of Each Disbursement this Period 1421.54 <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 mail house 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. Four Star Printing		Transaction ID: SB17.6585 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 5
Mailing Address 8455-R Tyco Road		Amount of Each Disbursement this Period 584.96 <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) C. Holiday Inn Select		Transaction ID: SB17.6604 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 5
Mailing Address 1021 Koger Center Boulevard		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State VA Zip Code 23235-4756	Purpose of Disbursement Deposit- reception NARFE 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) ▶	2506.50
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. Holiday Inn Select		Transaction ID: SB17.6538 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 5
Mailing Address 1021 Koger Center Boulevard		Amount of Each Disbursement this Period 7635.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State VA Zip Code 23235-4756	Purpose of Disbursement reception NARFE 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: SB17.6605 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 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: SB17.6578 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 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) ▶	13635.28
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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: SB17.6579 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 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: SB17.6534 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 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 Apr 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: SB17.6524 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 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 May 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)

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<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: SB17.6525 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 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 Jun 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	

Full Name (Last, First, Middle Initial) B. Mr. Daniel James Mattoon		Transaction ID: SB17.6635 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 5
Mailing Address 6344 Cavalier Corridor		Amount of Each Disbursement this Period 1962.85
City Falls Church State VA Zip Code 22044	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Capital Grill catering 4/26/05 Candidate Name		Category/Type
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) ▼	

Full Name (Last, First, Middle Initial) C. MCI WorldCom (phone)		Transaction ID: SB17.6606 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 5
Mailing Address P.O. Box 4644		Amount of Each Disbursement this Period 109.47
City Iowa City State IA Zip Code 42244-4644	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Long distance 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3572.32
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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. MCI WorldCom (phone)		Transaction ID: SB17.6567 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 5
Mailing Address P.O. Box 4644		Amount of Each Disbursement this Period 127.12
City Iowa City State IA Zip Code 42244-4644	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Long distance 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. MCI WorldCom (phone)		Transaction ID: SB17.6568 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address P.O. Box 4644		Amount of Each Disbursement this Period 74.32
City Iowa City State IA Zip Code 42244-4644	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Long distance 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) C. McLean Hilton		Transaction ID: SB17.6607 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 5
Mailing Address 7920 Jones Branch Drive		Amount of Each Disbursement this Period 3000.00
City McLean State VA Zip Code 22102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VFRW breakfast deposit 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) ▶	3201.44
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)

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<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. McLean Hilton Full Name (Last, First, Middle Initial) Mailing Address 7920 Jones Branch Drive City McLean State VA Zip Code 22102 Purpose of Disbursement VFRW breakfast 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: SB17.6544 Date of Disbursement 04 / 07 / 2005 Amount of Each Disbursement this Period 2040.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. McLean Hilton Full Name (Last, First, Middle Initial) Mailing Address 7920 Jones Branch Drive City McLean State VA Zip Code 22102 Purpose of Disbursement VFRW breakfast 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: SB17.6545 Date of Disbursement 04 / 13 / 2005 Amount of Each Disbursement this Period 1234.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Natco Limited Inc. Full Name (Last, First, Middle Initial) Mailing Address 7520-C Fullerton Road City Springfield State VA Zip Code 22153 Purpose of Disbursement Copy machine 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: SB17.6608 Date of Disbursement 04 / 03 / 2005 Amount of Each Disbursement this Period 131.25 <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) ▶	3406.05
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)

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<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: SB17.6563 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 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: SB17.6564 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 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) C. Prince William County Republican Committee		Transaction ID: SB17.6610 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 5
Mailing Address P.O. Box 1955		Amount of Each Disbursement this Period 1000.00
City Manassas State VA Zip Code 20108-0806	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Dinner and ad.	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) ▶	1262.50
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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. Prince William Regional Chamber of Commerce		Transaction ID: SB17.6611 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 5
Mailing Address 4320 Ridgewood Center Drive		Amount of Each Disbursement this Period 30.00
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 sponsorship 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. Mr. Karl Reichett		Transaction ID: SB17.6638 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address 9312 Old Mansion Road		Amount of Each Disbursement this Period 1314.59
City Alexamdria State VA Zip Code 22309	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - fundraiser refresh. 5/17/05 Candidate Name		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) C. Mrs. Marianne Reichett		Transaction ID: SB17.6641 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address 9312 Old Mansion Road		Amount of Each Disbursement this Period 1314.59
City Alexamdria State VA Zip Code 22309	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - fundraiser refresh. 5/17/05 Candidate Name		Category/ Type
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2659.18
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. William H. Sargent		Transaction ID: SB17.6532 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 5	
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 Apr 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. William H. Sargent		Transaction ID: SB17.6526 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 5	
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 May 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) ▼		

Full Name (Last, First, Middle Initial) C. Mr. William H. Sargent		Transaction ID: SB17.6527 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5	
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 Jun 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	10500.00
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)

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<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: SB17.6533 Date of Disbursement 05 / 19 / 2005
Mailing Address 2258 Cedar Cove		Amount of Each Disbursement this Period 289.99
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 Mappoint 2004 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: SB17.6614 Date of Disbursement 04 / 28 / 2005
Mailing Address 4270 John Marr Drive		Amount of Each Disbursement this Period 2774.26
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) C. United States Postal Service		Transaction ID: SB17.6546 Date of Disbursement 05 / 25 / 2005
Mailing Address 4270 John Marr Drive		Amount of Each Disbursement this Period 272.32
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 type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

3336.57

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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: SB17.6547 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address 4270 John Marr Drive		Amount of Each Disbursement this Period 2744.66
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: SB17.6548 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 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) C. United States Postal Service		Transaction ID: SB17.6615 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 5
Mailing Address 4270 John Marr Drive		Amount of Each Disbursement this Period 268.62
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) ▼ Other	

SUBTOTAL of Disbursements This Page (optional) ▶	3198.28
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: SB17.6586 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 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. Universal Card Service Corp.		Transaction ID: SB17.6616 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 5
Mailing Address P.O. Box 44183		Amount of Each Disbursement this Period 1770.23
City Jacksonville State FL Zip Code 32231-4183	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) C. Universal Card Service Corp.		Transaction ID: SB17.6559 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 5
Mailing Address P.O. Box 44183		Amount of Each Disbursement this Period 2000.00
City Jacksonville State FL Zip Code 32231-4183	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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	

SUBTOTAL of Disbursements This Page (optional) ▶	3955.23
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)

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<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: SB17.6560 Date of Disbursement 06 / 28 / 2005
Mailing Address P.O. Box 44183		Amount of Each Disbursement this Period 2551.52
City Jacksonville State FL Zip Code 32231-4183	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement payment	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. Van Metre Investments II		Transaction ID: SB17.6617 Date of Disbursement 04 / 01 / 2005
Mailing Address 9866 Main Street		Amount of Each Disbursement this Period 1163.00
City Fairfax State VA Zip Code 22031	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent Apr 05	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	
Full Name (Last, First, Middle Initial) C. Van Metre Investments II		Transaction ID: SB17.6573 Date of Disbursement 05 / 01 / 2005
Mailing Address 9866 Main Street		Amount of Each Disbursement this Period 1198.00
City Fairfax State VA Zip Code 22031	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent May 05	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	

SUBTOTAL of Disbursements This Page (optional) ►

4912.52

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)

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<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: SB17.6574 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 9866 Main Street		Amount of Each Disbursement this Period 1198.00 <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 Jun 05 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	Category/ Type

Full Name (Last, First, Middle Initial) B. Venable Attorney's at Law VEN-PAC		Transaction ID: SB17.6651 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 5
Mailing Address P.O. Box 83142		Amount of Each Disbursement this Period 355.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Gaithersburg State MD Zip Code 20883-3142	Purpose of Disbursement In-kind - meeting fresh. 2/4/05 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. Venable Attorney's at Law VEN-PAC		Transaction ID: SB17.6654 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5
Mailing Address P.O. Box 83142		Amount of Each Disbursement this Period 355.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Gaithersburg State MD Zip Code 20883-3142	Purpose of Disbursement In-kind - meeting refresh. 5/6/05 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) ▶	1909.28
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TOM DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon (Bell Atlantic)		Transaction ID: SB17.6618 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 5
Mailing Address 600 East Main Street P.O. Box 2741		Amount of Each Disbursement this Period 368.47
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Verizon (Bell Atlantic)		Transaction ID: SB17.6571 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 5
Mailing Address 600 East Main Street P.O. Box 2741		Amount of Each Disbursement this Period 442.17
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) ▼

Full Name (Last, First, Middle Initial) C. Verizon (Bell Atlantic)		Transaction ID: SB17.6572 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 600 East Main Street P.O. Box 2741		Amount of Each Disbursement this Period 370.32
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1180.96
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)

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<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		Transaction ID: SB17.6619 Date of Disbursement
Mailing Address P.O. Box 17120		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2005"/>
City Tucson	State AZ	Zip Code 85731-7120
Purpose of Disbursement Cell phone		<input type="text" value="181.40"/>
Candidate Name	Category/ Type	<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	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. Verizon Wireless - TMD		Transaction ID: SB17.6557 Date of Disbursement
Mailing Address P.O. Box 17120		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>
City Tucson	State AZ	Zip Code 85731-7120
Purpose of Disbursement Cell phone		<input type="text" value="181.48"/>
Candidate Name	Category/ Type	<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	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) C. Verizon Wireless - TMD		Transaction ID: SB17.6558 Date of Disbursement
Mailing Address P.O. Box 17120		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>
City Tucson	State AZ	Zip Code 85731-7120
Purpose of Disbursement Cell phone		<input type="text" value="241.06"/>
Candidate Name	Category/ Type	<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	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="603.94"/>
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. Virginia Dept. of Taxation		Transaction ID: SB17.6621 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 5
Mailing Address P.O. Box 1777		Amount of Each Disbursement this Period 373.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State VA Zip Code 23218-1777		
Purpose of Disbursement VA tax 2004 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. Walter Brothers Printing Co.		Transaction ID: SB17.6622 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 5
Mailing Address 5902 Seminary Road		Amount of Each Disbursement this Period 188.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Falls Church State VA Zip Code 22041		
Purpose of Disbursement invitations 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. Walter Brothers Printing Co.		Transaction ID: SB17.6542 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 5
Mailing Address 5902 Seminary Road		Amount of Each Disbursement this Period 831.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Falls Church State VA Zip Code 22041		
Purpose of Disbursement printing 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) ▶	1392.84
TOTAL This Period (last page this line number only) ▶	109870.28

**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)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" 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- FEC

Mailing Address 999 E Street NW
c/o FEC

City Washington State DC Zip Code 20463

Purpose of Disbursement
Returned contribution

Candidate Name
TOM DAVIS FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: VA District: 11

Transaction ID: SB20A.6678

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)

1500.00

TOTAL This Period (last page this line number only)

1500.00

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)

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<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. 8th Congressional Dist. Republican Committee		Transaction ID: SB21.6478 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 5
Mailing Address P.O. Box 4171		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 Arlington State VA Zip Code 22204	Purpose of Disbursement book signing 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 Community Collation		Transaction ID: SB21.6482 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 5
Mailing Address 6507 Columbia Pike c/o Fran Tune		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 Annandale State VA Zip Code 33003-2029	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) C. Annandale High School Athletic Boosters Club		Transaction ID: SB21.6484 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address P.O. Box 1283		Amount of Each Disbursement this Period 500.00 <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 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) ▶	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)

<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. City of Fairfax Republican Committee		Transaction ID: SB21.6480 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 5
Mailing Address 10306 Ranger 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 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. Coles Little League		Transaction ID: SB21.6490 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 5
Mailing Address 11706 Kahns Road		Amount of Each Disbursement this Period 325.00
City Manassas State VA Zip Code 20112	<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	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. Fairfax County Republican Committee		Transaction ID: SB21.6492 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 5
Mailing Address 4246 Chain Bridge Road		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	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) ► **1825.00**

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)

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<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

<p>A. Gainesville District Little League</p> <p>Full Name (Last, First, Middle Initial) Gainesville District Little League</p> <p>Mailing Address P.O. Box 383</p> <p>City Haymarket State VA Zip Code 20168-0383</p> <p>Purpose of Disbursement Donation to Little League Team</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB21.6494</p> <p>Date of Disbursement 04 / 03 / 2005</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. JEB Stuart High School</p> <p>Full Name (Last, First, Middle Initial) JEB Stuart High School</p> <p>Mailing Address 3301 Peace Valley Lane</p> <p>City Falls Church State VA Zip Code 22044</p> <p>Purpose of Disbursement donation</p> <p>Candidate Name TOM DAVIS FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB21.6521</p> <p>Date of Disbursement 04 / 17 / 2005</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Mt. Vernon - Lee Chamber of Commerce</p> <p>Full Name (Last, First, Middle Initial) Mt. Vernon - Lee Chamber of Commerce</p> <p>Mailing Address 8804-D Peartree Village Court</p> <p>City Alexandria State VA Zip Code 22309</p> <p>Purpose of Disbursement donation</p> <p>Candidate Name TOM DAVIS FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB21.6522</p> <p>Date of Disbursement 05 / 25 / 2005</p> <p>Amount of Each Disbursement this Period 650.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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. Mt. Vernon - Lee Chamber of Commerce		Transaction ID: SB21.6661 Date of Disbursement 05 / 25 / 2005
Mailing Address 8804-D Peartree Village Court		Amount of Each Disbursement this Period 90.00
City Alexandria State VA Zip Code 22309	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. National Republican Congressional Committee		Transaction ID: SB21.6514 Date of Disbursement 06 / 16 / 2005
Mailing Address 320 First Street SE		Amount of Each Disbursement this Period 25000.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Excess funds 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. NCAC BSA		Transaction ID: SB21.6500 Date of Disbursement 04 / 03 / 2005
Mailing Address 9190 Rockville Pike		Amount of Each Disbursement this Period 1250.00
City Bethesda State MD Zip Code 20814-3897	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▶	26340.00
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. SYA Softball		Transaction ID: SB21.6502 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5
Mailing Address 14376 Quail Pond Court		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 State Zip Code Centreville VA 20120		
Purpose of Disbursement Donation	<input type="checkbox"/> 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. The Nat'l Kidney Foundation of Nat'l Cap. Area		Transaction ID: SB21.6504 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 5
Mailing Address 335 Wisconsin Avenue NW Suite 300		Amount of Each Disbursement this Period 1600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Washington DC 20015		
Purpose of Disbursement Donation	<input type="checkbox"/> 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. Vienna LaCrosse		Transaction ID: SB21.6512 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 5
Mailing Address 918 DeSale Street SW		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 State Zip Code Vienna VA 22180		
Purpose of Disbursement Donation	<input type="checkbox"/> 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) ▶	2200.00
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)

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<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: SB21.6623 Date of Disbursement 05 / 31 / 2005
Mailing Address P.O. Box 17098		Amount of Each Disbursement this Period 1574.00 <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	Category/ Type	
Purpose of Disbursement Rent Fairfax HQ (2mos)		
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: SB21.6624 Date of Disbursement 05 / 31 / 2005
Mailing Address P.O. Box 17098		Amount of Each Disbursement this Period 193.42 <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 (2mos)		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Virginians for Jerry Kilgore		Transaction ID: SB21.6625 Date of Disbursement 05 / 31 / 2005
Mailing Address P.O. Box 17098		Amount of Each Disbursement this Period 657.36 <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 (2mos)		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ► 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: SB21.6626 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5
Mailing Address P.O. Box 17098		Amount of Each Disbursement this Period 236.59 <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 MCI (2mos) Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Virginians for Jerry Kilgore		Transaction ID: SB21.6627 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5
Mailing Address P.O. Box 17098		Amount of Each Disbursement this Period 175.00 <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 Natco copier (2mos) Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Virginians for Jerry Kilgore		Transaction ID: SB21.6628 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 5
Mailing Address P.O. Box 17098		Amount of Each Disbursement this Period 798.66 <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 Fairfax Hq. Jun 05 Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	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)

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<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: SB21.6629 Date of Disbursement 06 / 29 / 2005
Mailing Address P.O. Box 17098		Amount of Each Disbursement this Period 69.51 <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 Dominion Power Jun 05	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Virginians for Jerry Kilgore		Transaction ID: SB21.6630 Date of Disbursement 06 / 29 / 2005
Mailing Address P.O. Box 17098		Amount of Each Disbursement this Period 293.68 <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 Verizon Jun 05	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Virginians for Jerry Kilgore		Transaction ID: SB21.6631 Date of Disbursement 06 / 29 / 2005
Mailing Address P.O. Box 17098		Amount of Each Disbursement this Period 74.32 <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 MCI Jun05	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	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)

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<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

Mailing Address P.O. Box 17098

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Natco copier Jun05

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.6632

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	6		2	9		2	0	0	5

Amount of Each Disbursement this Period

131.25

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

33515.00