

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 1081
 Check if different than previously reported. (ACC)
Rochester MN 55903

2. **FEC IDENTIFICATION NUMBER** C00435545
IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
Rochester MN 55903 MN 01

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 10 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Lori M. Lillienberg

Signature of Treasurer Electronically Filed by Lori M. Lillienberg Date 04 14 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Brian Davis for Congress

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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)).....	59467.13	164100.36
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	59467.13	164100.36
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	55485.28	84136.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	55485.28	84136.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	79863.51	
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).....	6805.61	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
 Brian Davis for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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).....

42926.00

98954.00

(ii) Unitemized.....

8982.50

12751.50

(iii) TOTAL of contributions

51908.50

111705.50

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

2500.00

2500.00

(d) The Candidate.....

5058.63

49894.86

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

59467.13

164100.36

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

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

59467.13

164100.36

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	55485.28	84136.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	100.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	55485.28	84236.85

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	75881.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	59467.13
25. SUBTOTAL (add Line 23 and Line 24).....	135348.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	55485.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	79863.51

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

Name of Candidate		Candidate ID Number
Brian James Davis		H8MN01238
Name of Principal Campaign Committee		Committee ID Number
Brian Davis for Congress		C C00435545
Committee Address PO Box 1081		
City	State	ZIP
Rochester	MN	55903
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	164000.36	100.00
2. Aggregate amount of contributions from personal funds of the candidate	49894.86	0.00
3. Gross receipts minus the candidate's personal contributions	114105.50	100.00

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

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

FOR LINE NUMBER: PAGE 6 / 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
Caroline A Adamson
Mailing Address 2703 Salem Rd SW
City Rochester State MN Zip Code 55902
FEC ID number of contributing federal political committee. **C**
Name of Employer Homemaker Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 11 / 02 / 2007
Transaction ID: SA11AI.4565
Amount of Each Receipt this Period 250.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
William Adamson
Mailing Address 2703 Salem Rd SW
City Rochester State MN Zip Code 55902
FEC ID number of contributing federal political committee. **C**
Name of Employer Adamson Motors Occupation Owner
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 11 / 02 / 2007
Transaction ID: SA11AI.4563
Amount of Each Receipt this Period 250.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Marilyn Albrecht
Mailing Address 30567 Lakeview Ave
City Red Wing State MN Zip Code 55066
FEC ID number of contributing federal political committee. **C**
Name of Employer Red Wing Publishing Co. Occupation Corp. Secretary
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 11 / 11 / 2007
Transaction ID: SA11AI.4618
Amount of Each Receipt this Period 500.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 7 / 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
Kaled M Alektiar

Mailing Address 174 Cottage Road

City State Zip Code
Wyckoff NJ 07431

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Memorial Sloan Kettering Physician

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.4543

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
William L Armstrong

Mailing Address 8787 W Alameda Avenue

City State Zip Code
Lakewood CO 80226

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired US Senator

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

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

Transaction ID: SA11AI.4797

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Robert H Asher

Mailing Address 180 East Pearson Street #4005

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired Retired

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

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

Transaction ID: SA11AI.4855

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 8 / 57
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) Bruce Atwater		Date of Receipt
	Mailing Address 636 Ferndale Road W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Wayzata	MN	55391
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4901
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Contribution
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Mark Baker		Date of Receipt
	Mailing Address 5697 Orchard Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 2 8 / 2 0 0 7
	City	State	Zip Code
	White Bear Lake	MN	55110
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4833
Name of Employer Gander Mtn		Occupation President	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Contribution
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) David C Beyer		Date of Receipt
	Mailing Address 2402 E Esplanade Ln. #803		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7
	City	State	Zip Code
	Phoenix	AZ	85016
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4470
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 750.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Contribution
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
Laurie E Blach

Mailing Address 5815 Alton Rd

City State Zip Code
Miami Beach FL 33140

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Mt. Sinai Medical Center Physician

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.4534

Amount of Each Receipt this Period
100.00

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

1100.00

B. Full Name (Last, First, Middle Initial)
Michael Blute

Mailing Address 800 Courtney Ct SW

City State Zip Code
Rochester MN 55902

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Mayo Clinic Physician

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

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

Transaction ID: SA11AI.4721

Amount of Each Receipt this Period
250.00

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

250.00

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

Mailing Address 9986 Wellington Bay

City State Zip Code
Woodbury MN 55125

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired Retired

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

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

Transaction ID: SA11AI.4847

Amount of Each Receipt this Period
1000.00

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

1000.00

SUBTOTAL of Receipts This Page (optional) 1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 57
(check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial) Jeffrey D Bradley		Date of Receipt MM / DD / YYYY 11 / 12 / 2007
Mailing Address 2045 Wilson Ridge Lane		Transaction ID: SA11AI.4630
City Chesterfield	State MO	Zip Code 63005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Washington University School of Medici	Occupation Physician	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Conley Brooks		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 1025 Spring Hill Road		Transaction ID: SA11AI.4895
City Long Lake	State MN	Zip Code 55356
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Brooks Association	Occupation Chairman of the Board	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Robert I Carey		Date of Receipt MM / DD / YYYY 10 / 23 / 2007
Mailing Address 5762 Benevento Drive		Transaction ID: SA11AI.4497
City Sarasota	State FL	Zip Code 34238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Rstx	Occupation Physician	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
Phil Colletier
Mailing Address 4622 151 st St
City Urbandale State IA Zip Code 56323
FEC ID number of contributing federal political committee. **C**
Name of Employer Mercy Medical Center Occupation Physician
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 12 / 31 / 2007
Transaction ID: SA11AI.4919
Amount of Each Receipt this Period 1150.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mark Davis
Mailing Address P.o. Box 558 37045 Hwy. #169n
City St. Peter State MN Zip Code 56082
FEC ID number of contributing federal political committee. **C**
Name of Employer Davisco Occupation Cheesemaker
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 11 / 12 / 2007
Transaction ID: SA11AI.4628
Amount of Each Receipt this Period 2300.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mary Davis
Mailing Address P.O. Box 558 37045 Hwy #169N
City St. Peter State MN Zip Code 56082
FEC ID number of contributing federal political committee. **C**
Name of Employer Homemaker Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 11 / 13 / 2007
Transaction ID: SA11AI.4633
Amount of Each Receipt this Period 2300.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 5750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
Bruce B Dayton

Mailing Address 990 Old Long Lake Road

City State Zip Code
Wayzata MN 55391

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

Name of Employer Retired Occupation Retired

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

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.4893

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Edward Dayton

Mailing Address 686 W Ferndale Road

City State Zip Code
Wayzata MN 55391

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

Name of Employer Retired Occupation Retired

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

Date of Receipt
MM / DD / YYYY
12 / 28 / 2007

Transaction ID: SA11AI.4843

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 3652 Hermann Court NE

City State Zip Code
Rochester MN 55906

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

Name of Employer Accuitive Medical Ventures Occupation Venture Capital

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

Date of Receipt
MM / DD / YYYY
10 / 07 / 2007

Transaction ID: SA11AI.4482

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **3050.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

<p>A. Full Name (Last, First, Middle Initial) Lois H England</p> <p>Mailing Address 2832 Chain Bridge Rd NW</p> <p>City State Zip Code Washington DC 20016</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 7</p> <p>Transaction ID: SA11AI.4789</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Gary Erlbaum</p> <p>Mailing Address 44 W Lancaster Avenue Suite 110</p> <p>City State Zip Code Ardmore PA 19003</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Greentree Properties Corp. Occupation Owner</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 7</p> <p>Transaction ID: SA11AI.4803</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Wayne Field</p> <p>Mailing Address 3434 Heritage Drive</p> <p>City State Zip Code Edina MN 55435</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Heritage of Edina Occupation Owner</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Election Cycle-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 7</p> <p>Transaction ID: SA11AI.4875</p> <p>Amount of Each Receipt this Period 300.00</p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 57
(check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)
Kathy A Francisco

Mailing Address 1262 Woodthrush Court

City Yardley State PA Zip Code 19067

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

Name of Employer: The Pinnacle Health Group, Inc. Occupation: Health Care Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 10 / 25 / 2007

Transaction ID: SA11AI.4503

Amount of Each Receipt this Period: 250.00

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

B.

Full Name (Last, First, Middle Initial)
William Frenzel

Mailing Address 6310 Stoneham Lane

City Mclean State VA Zip Code 22101

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 12 / 28 / 2007

Transaction ID: SA11AI.4835

Amount of Each Receipt this Period: 250.00

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

C.

Full Name (Last, First, Middle Initial)
Jay L Friedland

Mailing Address 5181 Mahogany Ridge Drive

City Naples State FL Zip Code 34119

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

Name of Employer: Naples Radiation Oncology, PA Occupation: Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 10 / 03 / 2007

Transaction ID: SA11AI.4478

Amount of Each Receipt this Period: 250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
Keith Furutani
 Mailing Address 109 High Meadow Lane SW
 City State Zip Code
 Rochester MN 55902
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Mayo Clinic Physician
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 7
Transaction ID: SA11AI.4732
 Amount of Each Receipt this Period
250.00
 Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michel Ghilezan
 Mailing Address 187 Olympia
 City State Zip Code
 Troy MI 48084
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 William Beaumont Hospital Physician
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 7
Transaction ID: SA11AI.4526
 Amount of Each Receipt this Period
300.00
 Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Arlen D Hanssen
 Mailing Address 208 Evergreen Dr NE
 City State Zip Code
 Rochester MN 55906
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Mayo Clinic Orthopedic Surgeon
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 7
Transaction ID: SA11AI.4793
 Amount of Each Receipt this Period
500.00
 Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 1050.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
J. Ira Harris
Mailing Address 220 Sunrise Ave Suite 210
City State Zip Code
Palm Beach FL 33480
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Investor
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 12 / 28 / 2007
Transaction ID: SA11AI.4849
Amount of Each Receipt this Period 250.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Gregory Herrick
Mailing Address Po Box 6291
City State Zip Code
Jackson WY 83002
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 12 / 28 / 2007
Transaction ID: SA11AI.4857
Amount of Each Receipt this Period 250.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mark Hindermann
Mailing Address 7606 100th St NW
City State Zip Code
Pine Island MN 55963
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 11 / 02 / 2007
Transaction ID: SA11AI.4553
Amount of Each Receipt this Period 2300.00
Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2800.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

<p>A. Full Name (Last, First, Middle Initial) Andrew Hochberg</p> <p>Mailing Address 77 S Deere Park</p> <p>City State Zip Code Highland Park IL 60035</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Next Realty</p> <p>Occupation Investor</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 7</p> <p>Transaction ID: SA11AI.4801</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) David Holmes</p> <p>Mailing Address 3547 Odyssey Dr SW</p> <p>City State Zip Code Rochester MN 55902</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Mayo Clinic</p> <p>Occupation Imaging Scientist</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7</p> <p>Transaction ID: SA11AI.4674</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Eric M Horwitz</p> <p>Mailing Address Fox Chase Cancer Center 333 Cottman Avenue</p> <p>City State Zip Code Philadelphia PA 19111</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Fox Chase Cancer Center</p> <p>Occupation Physician</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 350.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7</p> <p>Transaction ID: SA11AI.4518</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
Theodore G Hotes

Mailing Address 708 Peregrine Drive

City State Zip Code
Indialantic FL 32903

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.4911

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Kenneth S Hu

Mailing Address 200 east 32nd st Apt 24d

City State Zip Code
NY NY 10016

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

Name of Employer Beth Israel Medical Center Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

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

Transaction ID: SA11AI.4622

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Geoffrey S Ibbott

Mailing Address 3329 HarbourBreeze Ln

City State Zip Code
Pearland TX 77584

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

Name of Employer MD Andersen Occupation Medical Physicist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

750.00

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

Transaction ID: SA11AI.4509

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 57
(check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

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

Mailing Address 1446 Hwy 6 South

City Navasota State TX Zip Code 77868

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

Name of Employer UT MD Anderson Cancer Center Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 12 / 06 / 2007

Transaction ID: SA11AI.4659

Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
Peter E Jarvis

Mailing Address 1016 Coventry Place

City Edina State MN Zip Code 55435

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

Name of Employer Laukka Jarvis Inc. Occupation Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 28 / 2007

Transaction ID: SA11AI.4823

Amount of Each Receipt this Period 250.00

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

C. Full Name (Last, First, Middle Initial)
R. Jeffrey Karnes

Mailing Address 1939 Hawthorn Hills Rd NE

City Rochester State MN Zip Code 55906

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

Name of Employer Mayo Clinic Occupation Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2007

Transaction ID: SA11AI.4877

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)
Brian D Kavanagh

Mailing Address 5535 S Berry Lane

City State Zip Code
Greenwood Village CO 80111

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
University Of Colorado Physician

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
10 / 26 / 2007

Transaction ID: SA11AI.4504

Amount of Each Receipt this Period
100.00

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

350.00

B.

Full Name (Last, First, Middle Initial)
Andrew Y Kee

Mailing Address 2835 Agate PI NW

City State Zip Code
Rochester MN 55901

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Mayo Clinic Radiation Oncology

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2007

Transaction ID: SA11AI.4709

Amount of Each Receipt this Period
100.00

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

300.00

C.

Full Name (Last, First, Middle Initial)
Maria Kelly

Mailing Address 1230 Grove Park Ct.

City State Zip Code
Earlsville VA 22936

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Employed Physician

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2007

Transaction ID: SA11AI.4923

Amount of Each Receipt this Period
100.00

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

350.00

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
John B Konefal

Mailing Address 3630 De Ruyter Circle

City State Zip Code
Charlotte NC 28269

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

Name of Employer Southeast Radiation Oncology
Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

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

Transaction ID: SA11AI.4813

Amount of Each Receipt this Period
250.00

Contribution
250.00

B. Full Name (Last, First, Middle Initial)
Matthew J Krasin

Mailing Address 8847 River Hollow Dr

City State Zip Code
Cordova TN 38016

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

Name of Employer St. Jude
Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.4545

Amount of Each Receipt this Period
250.00

Contribution
250.00

C. Full Name (Last, First, Middle Initial)
Lawrence A Laukka

Mailing Address 1000 Covertrey Place

City State Zip Code
Edina MN 55435

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

Name of Employer Laukka Jarvais
Occupation Real Estate Development

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

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

Transaction ID: SA11AI.4825

Amount of Each Receipt this Period
250.00

Contribution
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
W Robert Lee

Mailing Address 220 Silver Creek Trail

City State Zip Code
Chapel Hill NC 27514

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

Name of Employer Occupation
Duke University Professor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

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

Transaction ID: SA11AI.4489

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
William Ludwick

Mailing Address 3200 West Calhoun Parkway

City State Zip Code
Minneapolis MN 55416

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.4916

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
H. William Lurton

Mailing Address P.o Box 408

City State Zip Code
Long Lake MN 55356

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.4869

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

<p>A. Full Name (Last, First, Middle Initial) Ronald A MacKenzie</p> <p>Mailing Address 1841 Terracewood Drive</p> <p>City State Zip Code Rochester MN 55901</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Mayo Clinic, Rochester, MN Physician, Anesthesiologist</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 7</p> <p>Transaction ID: SA11AI.4729</p> <p>Amount of Each Receipt this Period 200.00</p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Whitney MacMillan</p> <p>Mailing Address 1050 Beach Road I-H</p> <p>City State Zip Code Vero Beach FL 32963</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired Retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 7</p> <p>Transaction ID: SA11AI.4839</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) John M Martinez</p> <p>Mailing Address 1320 Hunters Trail</p> <p>City State Zip Code Hope Mills NC 28348</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation US Army Pilot</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">402.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7</p> <p>Transaction ID: SA11AI.4495</p> <p>Amount of Each Receipt this Period 201.00</p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	651.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
James Matons

Mailing Address 158 Scuppo Road

City State Zip Code
Woodbury CT 06798

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

Name of Employer Occupation
Advanced Care Technologies Company President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	7

Transaction ID: SA11AI.4524

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Byron C May

Mailing Address 6 Spring Creek Wynd

City State Zip Code
Kingsport TN 37664

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

Name of Employer Occupation
SW VA Regional Cancer Ctr Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	7

Transaction ID: SA11AI.4593

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Byron C May

Mailing Address 6 Spring Creek Wynd

City State Zip Code
Kingsport TN 37664

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

Name of Employer Occupation
SW VA Regional Cancer Ctr Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Transaction ID: SA11AI.4914

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 57

(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)
Nina Mayr

Mailing Address 3940 Lytham Ct

City State Zip Code
Upper Arlington OH 43220

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

Name of Employer Occupation
Ohio State Univ. Physician

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

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

Transaction ID: SA11AI.4573

Amount of Each Receipt this Period

400.00

Contribution

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

B.

Full Name (Last, First, Middle Initial)
Robert H McLaren

Mailing Address 1100 Orchard Acres Ln SW

City State Zip Code
Rochester MN 55902

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

Name of Employer Occupation
Mayo Clinic Physician

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 399.00

Date of Receipt

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

Transaction ID: SA11AI.4853

Amount of Each Receipt this Period

200.00

Contribution

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

C.

Full Name (Last, First, Middle Initial)
Eric R Meier

Mailing Address 9615 NE 14th St

City State Zip Code
Bellevue WA 98004

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

Name of Employer Occupation
Calypso Medical Inc. CEO

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.4546

Amount of Each Receipt this Period

400.00

Contribution

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

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
Ruth A Merillat

Mailing Address 860 Richlyn Drive

City State Zip Code
Adrian MI 49221

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.4903

Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Jeff M Michalski

Mailing Address 29 Fieldstone Trail

City State Zip Code
Ladue MO 63124

FEC ID number of contributing federal political committee. C

Name of Employer Washington University Occupation Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 850.00

Date of Receipt MM / DD / YYYY
11 / 02 / 2007

Transaction ID: SA11AI.4551

Amount of Each Receipt this Period 100.00

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

C. Full Name (Last, First, Middle Initial)
Brian Moran

Mailing Address 815 Pasquinelli Drive

City State Zip Code
Westmont IL 60559

FEC ID number of contributing federal political committee. C

Name of Employer Chicago Prostate Cancer Center Occupation Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt MM / DD / YYYY
11 / 09 / 2007

Transaction ID: SA11AI.4600

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) 450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

<p>A. Full Name (Last, First, Middle Initial) John Morris</p> <p>Mailing Address 5830 Heather Dr SW</p> <p>City State Zip Code Rochester MN 55902</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Mayo Clinic</p> <p>Occupation Physician</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1500.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 13 / 2007</p> <p>Transaction ID: SA11AI.5314</p> <p>Amount of Each Receipt this Period 600.00</p> <p>In-kind - Air Travel</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Lance A Mynderse</p> <p>Mailing Address 820 3rd St. SW</p> <p>City State Zip Code Rochester MN 55902</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Mayo Foundation</p> <p>Occupation Physician</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 600.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 09 / 2007</p> <p>Transaction ID: SA11AI.5317</p> <p>Amount of Each Receipt this Period 350.00</p> <p>In-kind - Catering</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Marie Mynderse</p> <p>Mailing Address 820 3rd St SW</p> <p>City State Zip Code Rochester MN 55902</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired</p> <p>Occupation Retired</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 300.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 09 / 2007</p> <p>Transaction ID: SA11AI.5319</p> <p>Amount of Each Receipt this Period 300.00</p> <p>In-kind - Catering</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 57
(check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)
H. Bryan Neel

Mailing Address 828 8th St SW

City State Zip Code
Rochester MN 55902

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

Name of Employer Omg Occupation
IVN Physician

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

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

Transaction ID: SA11AI.4730

Amount of Each Receipt this Period
200.00

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

B.

Full Name (Last, First, Middle Initial)
H. Bryan Neel

Mailing Address 828 8th St SW

City State Zip Code
Rochester MN 55902

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

Name of Employer Omg Occupation
IVN Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.4887

Amount of Each Receipt this Period
300.00

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

C.

Full Name (Last, First, Middle Initial)
Ajay Nehra

Mailing Address 5360 Weatherhill Dr SW

City State Zip Code
Rochester MN 55902

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

Name of Employer Mayo Clinic Occupation
Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.4862

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 57

(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)
Jeff Noddle

Mailing Address 4833 Highbury Lane

City State Zip Code
Minnetonka MN 55345

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Supervalu Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 28 / 2007

Transaction ID: SA11AI.4831

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
William R Noyes

Mailing Address 3501 Norkota Court

City State Zip Code
Grand Forks ND 58201

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Cancer Center of North Dakota Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2007

Transaction ID: SA11AI.4920

Amount of Each Receipt this Period
500.00

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

C.

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

Mailing Address 4 Aspen Lane

City State Zip Code
North Oaks MN 55127

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 28 / 2007

Transaction ID: SA11AI.4807

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) 1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
Herman J Obermayer

Mailing Address 4114 N Ridgeview Rd

City Arlington State VA Zip Code 22207

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 28 / 2007
Transaction ID: SA11AI.4805
 Amount of Each Receipt this Period 250.00
 Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jann Olsten

Mailing Address 3028 Pelican Point circle

City Mound State MN Zip Code 55364

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

Name of Employer Archeivers Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 28 / 2007
Transaction ID: SA11AI.4837
 Amount of Each Receipt this Period 250.00
 Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lowell Penz

Mailing Address 3775 Willow Ridge Dr. SW

City Rochester State MN Zip Code 55902

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 16 / 2007
Transaction ID: SA11AI.4637
 Amount of Each Receipt this Period 500.00
 Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 57
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Brian Davis for Congress

<p>A. Full Name (Last, First, Middle Initial) Bradley R Prestidge</p> <p>Mailing Address 10924 Reyes Canyons</p> <hr/> <p>City State Zip Code Helotes TX 78023</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Texas Cancer Clinic Radiation Oncologist</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1100.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table> </p> <p>Transaction ID: SA11AI.4494</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	7		2	0	0	7												

<p>B. Full Name (Last, First, Middle Initial) Bradley P Radichel</p> <p>Mailing Address 5008 Oak Bend Lane</p> <hr/> <p>City State Zip Code Edina MN 55436</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Conduy International, Inc. Businessman</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table> </p> <p>Transaction ID: SA11AI.4918</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	7												

<p>C. Full Name (Last, First, Middle Initial) Albert Ratner</p> <p>Mailing Address C/o Rms 50 Public Square, Suite 16</p> <hr/> <p>City State Zip Code Cleveland OH 44113</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RMS Manager Partner</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table> </p> <p>Transaction ID: SA11AI.4799</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	0	7												

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 32 / 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
John T Richter

Mailing Address 5905 Golden Valley Rd

City State Zip Code
Minneapolis MN 55422

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

Name of Employer Occupation
John Richter Properties Owner

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

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

Transaction ID: SA11AI.4827

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Leland Rogers

Mailing Address 904 S. Military Drive

City State Zip Code
Salt Lake City UT 84108

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

Name of Employer Occupation
GammaWest Brachytherapy Radiation Oncologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.4921

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
John C Roise

Mailing Address 1605 Northridge Ln

City State Zip Code
North Mankato MN 56003

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

Name of Employer Occupation
Lindsay Windows Business Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.4882

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 57
	(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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) Eric F Ross		Date of Receipt MM / DD / YYYY 12 / 27 / 2007
	Mailing Address 206 Crestwood Dr		Transaction ID: SA11AI.4791
	City South Orange	State NJ	Zip Code 07079
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Retired	Occupation Retired	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Gary G Russell		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 914 Emerald Drive		Transaction ID: SA11AI.4905
	City Alexandria	State VA	Zip Code 22308
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Information Requested	Occupation Information Requested	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Elizabeth Sarkaria		Date of Receipt MM / DD / YYYY 11 / 23 / 2007
	Mailing Address 1311 28th St SW		Transaction ID: SA11AI.4940
	City Rochester	State MN	Zip Code 55902
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Bluestem Inc.	Occupation Psychologist	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 57

(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)
Jann Sarkaria

Mailing Address 1311 28th St. SW

City State Zip Code
Rochester MN 55902

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Mayo Clinic Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 23 / 2007

Transaction ID: SA11AI.4653

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Hugh Schilling

Mailing Address 354 Woodlawn Avenue

City State Zip Code
St. Paul MN 55105

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Horton Manufacturing CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.4889

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Nathan Shapiro

Mailing Address 1661 Ryders Lane

City State Zip Code
Highland Park IL 60035

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SF Investments Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 28 / 2007

Transaction ID: SA11AI.4809

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)
Julius C Smith

Mailing Address 1185 Gallery Lane

City Chaska State MN Zip Code 55318

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11AI.4819

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
William H Spoor

Mailing Address 1174 Oak Forest Road

City Salt Lake City State UT Zip Code 84103

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.4865

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Jon R Tollefson

Mailing Address 25349 615th St

City Mantorville State MN Zip Code 55955

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11AI.4841

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 57
(check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A. Full Name (Last, First, Middle Initial)
Martin Trust

Mailing Address 1 Stiles Road, Suite 202

City State Zip Code
Salem NH 03079

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

Name of Employer Occupation
Samtex (USA) Inc. Chairman

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

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.4913

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 3692 Tanglewood Drive

City State Zip Code
Springdale AR 72764

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

Name of Employer Occupation
BrachySciences Sales Manager

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

Date of Receipt
MM / DD / YYYY
11 / 06 / 2007

Transaction ID: SA11AI.4592

Amount of Each Receipt this Period
875.00

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

C. Full Name (Last, First, Middle Initial)
Timothy R Williams

Mailing Address 800 Meadows Rd

City State Zip Code
Boca Raton FL 33486

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

Name of Employer Occupation
Boca Raton Radiation Assoc Physician

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

Date of Receipt
MM / DD / YYYY
10 / 30 / 2007

Transaction ID: SA11AI.4528

Amount of Each Receipt this Period
1300.00

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

SUBTOTAL of Receipts This Page (optional) ► **2425.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 57
(check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)
Ken Wilmes

Mailing Address 58928 211 Lane

City Mankato State MN Zip Code 56001

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

Name of Employer Industrial Fabrication Serv. Occupation Business Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 11 / 02 / 2007

Transaction ID: SA11AI.4561

Amount of Each Receipt this Period 300.00

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

B.

Full Name (Last, First, Middle Initial)
Torrence Wilson

Mailing Address 2300 Hardwood Ct SW

City Rochester State MN Zip Code 55902

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

Name of Employer Mayo Clinic Occupation MD

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 12 / 10 / 2007

Transaction ID: SA11AI.4670

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Shawn H Zimberg

Mailing Address 2 Indiana Avenue

City Long Beach State NY Zip Code 11561

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

Name of Employer Integrated Medical Professionals/Radia Occupation Radiation Oncologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt 10 / 24 / 2007

Transaction ID: SA11AI.4499

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 38 / 57	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial) Horst Zincke		Date of Receipt	
Mailing Address 1232 19th Ave NE		M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 7	
City	State	Zip Code	Transaction ID: SA11AI.4719
Rochester	MN	55906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	250.00
Name of Employer Retired	Occupation Urologist	Contribution	
Receipt For: 2008	Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		250.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	42926.00

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

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

FOR LINE NUMBER: PAGE 39 / 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

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

Mailing Address 12500 FAIR LAKES CIRCLE SUITE 375

City State Zip Code
FAIRFAX VA 22033

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

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

Transaction ID: SA11C.4925

Amount of Each Receipt this Period
2500.00

Contribution
 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)	▶	2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

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

Mailing Address 839 Amber Ridge Ln SW

City State Zip Code
Rochester MN 55902

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

Name of Employer Mayo Clinic Occupation Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 45001.23

Date of Receipt

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

Transaction ID: SA11D.5305

Amount of Each Receipt this Period
165.00

In-kind - E-mail Services & Web Hosting
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 839 Amber Ridge Ln SW

City State Zip Code
Rochester MN 55902

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

Name of Employer Mayo Clinic Occupation Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 45268.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	0	7

Transaction ID: SA11D.4450

Amount of Each Receipt this Period
267.46

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

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

Mailing Address 839 Amber Ridge Ln SW

City State Zip Code
Rochester MN 55902

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

Name of Employer Mayo Clinic Occupation Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 45335.86

Date of Receipt

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

Transaction ID: SA11D.4453

Amount of Each Receipt this Period
67.17

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

SUBTOTAL of Receipts This Page (optional) ▶ **499.63**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 57
(check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

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

Mailing Address 839 Amber Ridge Ln SW

City State Zip Code
Rochester MN 55902

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

Name of Employer Occupation
Mayo Clinic Physician

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

49894.86

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11D.4455

Amount of Each Receipt this Period
4559.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4559.00
TOTAL This Period (last page this line number only)	▶	5058.63

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) AT&T Mailing Address 10790 Parkridge Blvd Suite 100 City Reston State VA Zip Code 20191 Purpose of Disbursement Phone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4465 Date of Disbursement 11 / 30 / 2007 Amount of Each Disbursement this Period 210.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Charles Buhr Mailing Address 210 2nd Ave NW Apt 7 City Stewartville State MN Zip Code 55976 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4434 Date of Disbursement 11 / 13 / 2007 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
C.	Full Name (Last, First, Middle Initial) Charles Buhr Mailing Address 210 2nd Ave NW Apt 7 City Stewartville State MN Zip Code 55976 Purpose of Disbursement Fundraising Commission Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5296 Date of Disbursement 11 / 13 / 2007 Amount of Each Disbursement this Period 274.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

734.31

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)
Brian Davis for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Charles Buhr</p> <p>Mailing Address 210 2nd Ave NW Apt 7</p> <p>City Stewartville State MN Zip Code 55976</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4442</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Clear Channel Rochester</p> <p>Mailing Address 1530 Greenview Drive Southwest Suite 215</p> <p>City Rochester State MN Zip Code 55902</p> <p>Purpose of Disbursement Radio Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4415</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="552.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Brian James Davis</p> <p>Mailing Address 839 Amber Ridge Ln SW</p> <p>City Rochester State MN Zip Code 55902</p> <p>Purpose of Disbursement In-kind - E-mail Services & Web Hosting</p> <p>Candidate Name Brian James Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5306</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="165.00"/></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)	<input type="text" value="1717.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

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

Transaction ID: SB17.4451
Date of Disbursement

Mailing Address 839 Amber Ridge Ln SW

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	0	7

City Rochester State MN Zip Code 55902

Amount of Each Disbursement this Period

267.46

Purpose of Disbursement
In-kind - Food/Room Rental

--

Candidate Name
Brian James Davis

Category/
Type

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

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

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

Transaction ID: SB17.4454
Date of Disbursement

Mailing Address 839 Amber Ridge Ln SW

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

City Rochester State MN Zip Code 55902

Amount of Each Disbursement this Period

67.17

Purpose of Disbursement
In-kind - Food & Beverage

--

Candidate Name
Brian James Davis

Category/
Type

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

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

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

Transaction ID: SB17.4456
Date of Disbursement

Mailing Address 839 Amber Ridge Ln SW

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	7

City Rochester State MN Zip Code 55902

Amount of Each Disbursement this Period

4559.00

Purpose of Disbursement
In-kind - Mileage Expense

--

Candidate Name
Brian James Davis

Category/
Type

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

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4893.63

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) Zachary Freimark	Transaction ID: SB17.4427 Date of Disbursement 10 / 26 / 2007
	Mailing Address 2601 Garfield Ave #207	Amount of Each Disbursement this Period 850.00
	City Minneapolis State MN Zip Code 55408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Operations Consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Zachary Freimark	Transaction ID: SB17.4467 Date of Disbursement 11 / 20 / 2007
	Mailing Address 2601 Garfield Ave #207	Amount of Each Disbursement this Period 920.00
	City Minneapolis State MN Zip Code 55408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Operations Consulting/Mileage Reimb. Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Zachary Freimark	Transaction ID: SB17.5290 Date of Disbursement 12 / 03 / 2007
	Mailing Address 2601 Garfield Ave #207	Amount of Each Disbursement this Period 850.00
	City Minneapolis State MN Zip Code 55408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Operations Consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	2620.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)
Zachary Freimark

Transaction ID: SB17.4446
Date of Disbursement

Mailing Address 2601 Garfield Ave #207

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

City State Zip Code
Minneapolis MN 55408

Amount of Each Disbursement this Period

850.00

Purpose of Disbursement
Operations Consulting

Category/
Type

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

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

B.

Full Name (Last, First, Middle Initial)
Zachary Freimark

Transaction ID: SB17.4447
Date of Disbursement

Mailing Address 2601 Garfield Ave #207

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

City State Zip Code
Minneapolis MN 55408

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement
REIMBURSEMENT: Mileage

Category/
Type

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

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

C.

Full Name (Last, First, Middle Initial)
Zachary Freimark

Transaction ID: SB17.4464
Date of Disbursement

Mailing Address 2601 Garfield Ave #207

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

City State Zip Code
Minneapolis MN 55408

Amount of Each Disbursement this Period

263.00

Purpose of Disbursement
REIMBURSEMENT: Mileage

Category/
Type

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

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

SUBTOTAL of Disbursements This Page (optional)

1263.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) Zachary Freimark	Transaction ID: SB17.4461 Date of Disbursement 12 / 19 / 2007
	Mailing Address 2601 Garfield Ave #207	Amount of Each Disbursement this Period 850.00
	City Minneapolis State MN Zip Code 55408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Operations Consulting	
	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) ▼

B.	Full Name (Last, First, Middle Initial) Zachary Freimark	Transaction ID: SB17.4460 Date of Disbursement 12 / 21 / 2007
	Mailing Address 2601 Garfield Ave #207	Amount of Each Disbursement this Period 1050.00
	City Minneapolis State MN Zip Code 55408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Operations Consulting	
	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) ▼

C.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corp.	Transaction ID: SB17.4928 Date of Disbursement 10 / 31 / 2007
	Mailing Address 250 N Sunny Slope Suite 300	Amount of Each Disbursement this Period 713.43
	City Battlefield State WI Zip Code 53005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Processing	
	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)	▶	2613.43
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corp.	Transaction ID: SB17.4929 Date of Disbursement 11 / 30 / 2007
	Mailing Address 250 N Sunny Slope Suite 300	Amount of Each Disbursement this Period 176.45
	City Battlefield State WI Zip Code 53005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Processing Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corp.	Transaction ID: SB17.4930 Date of Disbursement 12 / 31 / 2007
	Mailing Address 250 N Sunny Slope Suite 300	Amount of Each Disbursement this Period 235.00
	City Battlefield State WI Zip Code 53005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Processing Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MCI	Transaction ID: SB17.4422 Date of Disbursement 10 / 22 / 2007
	Mailing Address 205 N Michigan Ave Suite 2700	Amount of Each Disbursement this Period 201.95
	City Chicago State IL Zip Code 60601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	613.40
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)
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) MCI	Transaction ID: SB17.4440 Date of Disbursement 11 / 23 / 2007
	Mailing Address 205 N Michigan Ave Suite 2700	Amount of Each Disbursement this Period 35.75
	City Chicago State IL Zip Code 60601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MCI	Transaction ID: SB17.4452 Date of Disbursement 12 / 24 / 2007
	Mailing Address 205 N Michigan Ave Suite 2700	Amount of Each Disbursement this Period 7.46
	City Chicago State IL Zip Code 60601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John Morris	Transaction ID: SB17.5315 Date of Disbursement 11 / 13 / 2007
	Mailing Address 5830 Heather Dr SW	Amount of Each Disbursement this Period 600.00
	City Rochester State MN Zip Code 55902	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement In-kind - Air Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	643.21
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 57

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

<p>A. Full Name (Last, First, Middle Initial) Lance A Mynderse</p> <p>Mailing Address 820 3rd St. SW</p> <p>City Rochester State MN Zip Code 55902</p> <p>Purpose of Disbursement In-kind - Catering</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5318</p> <p>Date of Disbursement 12 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 350.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Marie Mynderse</p> <p>Mailing Address 820 3rd St SW</p> <p>City Rochester State MN Zip Code 55902</p> <p>Purpose of Disbursement In-kind - Catering</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5320</p> <p>Date of Disbursement 12 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) David Roberts</p> <p>Mailing Address Information Requested</p> <p>City Dodge Center State MN Zip Code 00000</p> <p>Purpose of Disbursement IT Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4429</p> <p>Date of Disbursement 10 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1150.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) E. Roland	Transaction ID: SB17.4419 Date of Disbursement 10 / 08 / 2007
	Mailing Address 9001 Lakeview Rd	Amount of Each Disbursement this Period 276.00
	City Bloomington State MN Zip Code 55438	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) E. Roland	Transaction ID: SB17.4420 Date of Disbursement 10 / 08 / 2007
	Mailing Address 9001 Lakeview Rd	Amount of Each Disbursement this Period 274.00
	City Bloomington State MN Zip Code 55438	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) E. Roland	Transaction ID: SB17.4414 Date of Disbursement 10 / 09 / 2007
	Mailing Address 9001 Lakeview Rd	Amount of Each Disbursement this Period 1325.88
	City Bloomington State MN Zip Code 55438	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1875.88
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) E. Roland <hr/> Mailing Address 9001 Lakeview Rd <hr/> City Bloomington State MN Zip Code 55438 <hr/> Purpose of Disbursement Fundraising Consulting Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.4421 Date of Disbursement 10 / 15 / 2007 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) E. Roland <hr/> Mailing Address 9001 Lakeview Rd <hr/> City Bloomington State MN Zip Code 55438 <hr/> Purpose of Disbursement Fundraising Consulting Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.4426 Date of Disbursement 10 / 25 / 2007 <hr/> Amount of Each Disbursement this Period 1050.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) E. Roland <hr/> Mailing Address 9001 Lakeview Rd <hr/> City Bloomington State MN Zip Code 55438 <hr/> Purpose of Disbursement Fundraising Consulting Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.5294 Date of Disbursement 10 / 26 / 2007 <hr/> Amount of Each Disbursement this Period 800.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	2850.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) E. Roland Mailing Address 9001 Lakeview Rd City Bloomington State MN Zip Code 55438 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4431 Date of Disbursement 10 / 31 / 2007 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
B.	Full Name (Last, First, Middle Initial) E. Roland Mailing Address 9001 Lakeview Rd City Bloomington State MN Zip Code 55438 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4433 Date of Disbursement 11 / 02 / 2007 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) E. Roland Mailing Address 9001 Lakeview Rd City Bloomington State MN Zip Code 55438 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5295 Date of Disbursement 11 / 07 / 2007 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

SUBTOTAL of Disbursements This Page (optional) ▶	2600.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) E. Roland</p> <p>Mailing Address 9001 Lakeview Rd</p> <p>City Bloomington State MN Zip Code 55438</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4436</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) E. Roland</p> <p>Mailing Address 9001 Lakeview Rd</p> <p>City Bloomington State MN Zip Code 55438</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4441</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) E. Roland</p> <p>Mailing Address 9001 Lakeview Rd</p> <p>City Bloomington State MN Zip Code 55438</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4443</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 604.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>2604.95</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)
E. Roland

Mailing Address 9001 Lakeview Rd

City Bloomington State MN Zip Code 55438

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.4463
Date of Disbursement

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

Amount of Each Disbursement this Period

643.11

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

B.

Full Name (Last, First, Middle Initial)
E. Roland

Mailing Address 9001 Lakeview Rd

City Bloomington State MN Zip Code 55438

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.4462
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
Strategic Fundraising

Mailing Address 7591 9th St N

City Oakdale State MN Zip Code 55128

Purpose of Disbursement
List Rental

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.4438
Date of Disbursement

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

Amount of Each Disbursement this Period

1069.86

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

SUBTOTAL of Disbursements This Page (optional) ▶

2712.97

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4413 Date of Disbursement
	Mailing Address 5200 SW 30th St, Ste 7	<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
	City Davenport State IA Zip Code 55903	Amount of Each Disbursement this Period
	Purpose of Disbursement GOTV Consulting/Campaign Literature	<input type="text" value="2064.94"/>
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4424 Date of Disbursement
	Mailing Address 5200 SW 30th St, Ste 7	<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City Davenport State IA Zip Code 55903	Amount of Each Disbursement this Period
	Purpose of Disbursement GOTV Consulting/Campaign Literature	<input type="text" value="9099.31"/>
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4448 Date of Disbursement
	Mailing Address 5200 SW 30th St, Ste 7	<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2007"/>
	City Davenport State IA Zip Code 55903	Amount of Each Disbursement this Period
	Purpose of Disbursement GOTV Consulting/Campaign Literature	<input type="text" value="15000.00"/>
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="26164.25"/>
TOTAL This Period (last page this line number only)	<input type="text" value="55056.03"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 57 / 57	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Brian Davis for Congress

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.4926	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
6805.61	0.00	6805.61	

1) SUBTOTALS This Period This Page (optional).....	6805.61
2) TOTALS This Period (last page this line number only).....	6805.61
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	6805.61