

**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 83 / 88

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

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)
Lincoln Davis for Congress

Full Name (Last, First, Middle Initial) A. Lowe Finney for State Senate		Transaction ID: SB21.17361 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 206 E. Main Street Suite 112		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jackson State TN Zip Code 38301	011 Category/ Type	
Purpose of Disbursement Political Contribution		
Candidate Name LINCOLN DAVIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LUCAS FOR CONGRESS 2000		Transaction ID: SB21.17288 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address PO BOX 175765		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City COVINGTON State KY Zip Code 41017	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name LINCOLN DAVIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. National Democratic Club		Transaction ID: SB21.17357 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 6
Mailing Address 30 Ivy Street		Amount of Each Disbursement this Period 275.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	012 Category/ Type	
Purpose of Disbursement Annual Membership Dues		
Candidate Name LINCOLN DAVIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3275.00
TOTAL This Period (last page this line number only) ▶