

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

DAVENPORT FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2025 To: M M / D D / Y Y Y Y 12 / 31 / 2025

	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))	3410.00	11367.45
(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))	3410.00	11367.45
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	315.20	1969.72
(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))	315.20	1969.72
8. Cash on Hand at Close of Reporting Period (from Line 27)	10199.58	
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)	723.54	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

DAVENPORT FOR CONGRESS

Report Covering the Period: From: / / To: / /

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).....	450.00	4975.00
(ii) Unitemized.....	675.00	1345.00
(iii) TOTAL of contributions from individuals ▶	1125.00	6320.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	2285.00	5047.45
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3410.00	11367.45
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	723.54
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	723.54
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)..... ▶	3410.00	12090.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	315.20	1969.72
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	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	315.20	1969.72

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7104.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3410.00
25. SUBTOTAL (add Line 23 and Line 24).....	10514.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	315.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10199.58

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 15
(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)
DAVENPORT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BROOKS, MARGO, , ,

Mailing Address 13220 FOX BOW DR

City UPPER MARLBORO State MD Zip Code 20774

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation NONE

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 615.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2025

Transaction ID : SA11AI.4295

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
DAVENPORT, TONI, DENISE, ,

Mailing Address 3980 PREMIER DR.
SUITE 110

City HIGH POINT State NC Zip Code 27265

FEC ID number of contributing federal political committee. C

Name of Employer KEITH DAVENPORT FOR NC Occupation INTERIM TREASURER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 03 / 2025

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period
50.00

Memo Item
Cash Donation toward Filing Fee

C. Full Name (Last, First, Middle Initial)
DAVENPORT, TONI, DENISE, ,

Mailing Address 3980 PREMIER DR.
SUITE 110

City HIGH POINT State NC Zip Code 27265

FEC ID number of contributing federal political committee. C

Name of Employer KEITH DAVENPORT FOR NC Occupation INTERIM TREASURER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 265.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 18 / 2025

Transaction ID : SA11AI.4261

Amount of Each Receipt this Period
25.00

Memo Item
Cash Donation toward Filing Fee

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

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 6 OF 15
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DAVENPORT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DAVENPORT, TONI, DENISE, ,

Mailing Address 3980 PREMIER DR.
SUITE 110

City HIGH POINT State NC Zip Code 27265

FEC ID number of contributing federal political committee. C

Name of Employer KEITH DAVENPORT FOR NC Occupation INTERIM TREASURER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
315.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2025

Transaction ID : SA11AI.4275

Amount of Each Receipt this Period
50.00

Memo Item
Cash Donation toward Filing Fee

B. Full Name (Last, First, Middle Initial)
DAVENPORT, TONI, DENISE, ,

Mailing Address 3980 PREMIER DR.
SUITE 110

City HIGH POINT State NC Zip Code 27265

FEC ID number of contributing federal political committee. C

Name of Employer KEITH DAVENPORT FOR NC Occupation INTERIM TREASURER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
340.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 27 / 2025

Transaction ID : SA11AI.4278

Amount of Each Receipt this Period
25.00

Memo Item
Cash Donation toward Filing Fee

C. Full Name (Last, First, Middle Initial)
DAVENPORT, TONI, DENISE, ,

Mailing Address 3980 PREMIER DR.
SUITE 110

City HIGH POINT State NC Zip Code 27265

FEC ID number of contributing federal political committee. C

Name of Employer KEITH DAVENPORT FOR NC Occupation INTERIM TREASURER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
440.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2025

Transaction ID : SA11AI.4284

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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 OF 15
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DAVENPORT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DAVIS, SHEENA, DENISE, ,

Mailing Address 10280 ABRAMS DR.

City COLORADO SPRINGS State CO Zip Code 80925

FEC ID number of contributing federal political committee. C

Name of Employer NOT EMPLOYED Occupation NONE

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
235.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 05 / 2025

Transaction ID : SA11AI.4285

Amount of Each Receipt this Period
125.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JAMES, MARIA, , ,

Mailing Address 4465 E CHICAGO AVE

City LAS VEGAS State NV Zip Code 89104

FEC ID number of contributing federal political committee. C

Name of Employer NOT EMPLOYED Occupation NONE

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
580.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 01 / 2025

Transaction ID : SA11AI.4289

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 15	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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)
DAVENPORT FOR CONGRESS

Full Name (Last, First, Middle Initial) DAVENPORT, KEITH, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2025	
Mailing Address 3980 PREMIER DR. SUITE 110 BOX 1052			Transaction ID : SA11D.4260	
City HIGH POINT	State NC	Zip Code 27265	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C H4NC08082			<input type="checkbox"/> Memo Item Campaign General Expenses	
Name of Employer KEITH DAVENPORT FOR NC		Occupation CANDIDATE FOR CONGRESS		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3940.99		

Full Name (Last, First, Middle Initial) DAVENPORT, KEITH, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2025	
Mailing Address 3980 PREMIER DR. SUITE 110 BOX 1052			Transaction ID : SA11D.4263	
City HIGH POINT	State NC	Zip Code 27265	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C H4NC08082			<input type="checkbox"/> Memo Item Credit One	
Name of Employer KEITH DAVENPORT FOR NC		Occupation CANDIDATE FOR CONGRESS		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4040.99		

Full Name (Last, First, Middle Initial) DAVENPORT, KEITH, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2025	
Mailing Address 3980 PREMIER DR. SUITE 110 BOX 1052			Transaction ID : SA11D.4274	
City HIGH POINT	State NC	Zip Code 27265	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C H4NC08082			<input type="checkbox"/> Memo Item Donation from Personal Funds	
Name of Employer KEITH DAVENPORT FOR NC		Occupation CANDIDATE FOR CONGRESS		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4340.99		

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: (check only one)	PAGE 9 OF 15
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DAVENPORT FOR CONGRESS

Full Name (Last, First, Middle Initial) DAVENPORT, KEITH, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 01 / 2025	
Mailing Address 3980 PREMIER DR. SUITE 110 BOX 1052			Transaction ID : SA11D.4291	
City HIGH POINT	State NC	Zip Code 27265	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C H4NC08082			Memo Item Open AI	
Name of Employer KEITH DAVENPORT FOR NC		Occupation CANDIDATE FOR CONGRESS		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4400.99		

Full Name (Last, First, Middle Initial) DAVENPORT, KEITH, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 02 / 2025	
Mailing Address 3980 PREMIER DR. SUITE 110 BOX 1052			Transaction ID : SA11D.4280	
City HIGH POINT	State NC	Zip Code 27265	Amount of Each Receipt this Period 1740.00	
FEC ID number of contributing federal political committee. C H4NC08082			Memo Item Filing Fee	
Name of Employer KEITH DAVENPORT FOR NC		Occupation CANDIDATE FOR CONGRESS		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 6140.99		

Full Name (Last, First, Middle Initial) DAVENPORT, KEITH, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2025	
Mailing Address 3980 PREMIER DR. SUITE 110 BOX 1052			Transaction ID : SA11D.4290	
City HIGH POINT	State NC	Zip Code 27265	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C H4NC08082			Memo Item Poliengine	
Name of Employer KEITH DAVENPORT FOR NC		Occupation CANDIDATE FOR CONGRESS		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 6175.99		

SUBTOTAL of Receipts This Page (optional).....▶	1835.00
TOTAL This Period (last page this line number only).....▶	2285.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 15	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DAVENPORT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DAVENPORT FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2025
Mailing Address 3980 PREMIER DR. SUITE 110 BOX 1052		FEC Identification Number C C00830976
City HIGH POINT State NC Zip Code 27265	Purpose of Disbursement Open AI	Amount of Each Disbursement this Period 60.00
Candidate Name DAVENPORT FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4281
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NC District: 06	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. DAVENPORT FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2025
Mailing Address 3980 PREMIER DR. SUITE 110 BOX 1052		FEC Identification Number C C00830976
City HIGH POINT State NC Zip Code 27265	Purpose of Disbursement Open AI	Amount of Each Disbursement this Period 60.00
Candidate Name DAVENPORT FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4282
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NC District: 06	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City State Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	120.00

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **DAVENPORT FOR CONGRESS** Transaction ID : **SC/10.4106**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
DAVENPORT, KEITH, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
3980 PREMIER DR. SUITE 110			<input type="checkbox"/> Other (specify) ▼
BOX 1052			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
HIGH POINT	NC	27265	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150.00	0.00	150.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	05 / 01 / 2025	12/31/2026		

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	150.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **DAVENPORT FOR CONGRESS** Transaction ID : **SC/10.4118**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
DAVENPORT, KEITH, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
3980 PREMIER DR. SUITE 110			<input type="checkbox"/> Other (specify) ▼
BOX 1052			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
HIGH POINT	NC	27265	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150.00	0.00	150.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 30 / 2025	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	150.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **DAVENPORT FOR CONGRESS** Transaction ID : **SC/10.4126**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
DAVENPORT, KEITH, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
3980 PREMIER DR. SUITE 110			<input type="checkbox"/> Other (specify) ▼
BOX 1052			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
HIGH POINT	NC	27265	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 13 / 2025	12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	100.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **DAVENPORT FOR CONGRESS** Transaction ID : **SC/10.4136**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
DAVENPORT, KEITH, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
3980 PREMIER DR. SUITE 110			<input type="checkbox"/> Other (specify) ▼
BOX 1052			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
HIGH POINT	NC	27265	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 07 / 2025	09 / 01 / 0011	1.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	200.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **DAVENPORT FOR CONGRESS** Transaction ID : **SC/10.4139**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
DAVENPORT, KEITH, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
3980 PREMIER DR. SUITE 110			<input type="checkbox"/> Other (specify) ▼
BOX 1052			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
HIGH POINT	NC	27265	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
123.54	0.00	123.54

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 08 / 2025	M M / D D / Y Y Y Y 01/01/2026	1.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	123.54
TOTALS This Period (last page in this line only).....▶	723.54

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.