

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
GEOFF DAVIS FOR CONGRESS

ADDRESS (number and street) 3161 Dixie Highway
Suite F
Erlander KY 41018 1841
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00369470
CITY **STATE** KY **ZIP CODE** 41018 **STATE** KY **DISTRICT** 04
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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 11 04 2008 in the State of KY
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 04 01 2008 through 04 30 2008

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 Joe Green
Signature of Treasurer Electronically Filed by Joe Green Date 03 08 2009

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

Office Use Only **FEC FORM 3** (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

GEOFF DAVIS FOR CONGRESS

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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)).....	50329.59	1391631.75
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	15461.05
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	50329.59	1376170.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	49125.62	779630.24
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	10519.55
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	49125.62	769110.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	671621.10	
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).....	85400.00	

For further information contact:

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
GEOFF DAVIS FOR CONGRESS

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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).....

29691.00

29691.00

(ii) Unitemized.....

15733.64

820328.66

(iii) TOTAL of contributions

45424.64

850019.66

from individuals..... ▶

0.00

1859.50

(b) Political Party Committees.....

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

4904.95

539752.59

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

50329.59

1391631.75

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

85400.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

85400.00

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

0.00

10519.55

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

781.01

18466.02

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

51110.60

1506017.32

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	49125.62	779630.24
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	85400.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	85400.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	8561.05
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	6900.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	15461.05
21. OTHER DISBURSEMENTS.....	54650.00	87420.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	103775.62	967911.29

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	724286.12
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	51110.60
25. SUBTOTAL (add Line 23 and Line 24).....	775396.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	103775.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	671621.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 70
	(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)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mr. Barry B. Akrongold	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 575 Lexington Avenue Floor 15	Transaction ID: A-C80037
	City State Zip Code New York NY 10022-6102	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation FORTUNE FINANCIAL INVESTOR	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Mrs. Bernyce M Anderson	Date of Receipt MM / DD / YYYY 04 / 14 / 2008
	Mailing Address 4102 Fairway Drive	Transaction ID: A-C80357
	City State Zip Code Springdale AR 72764-1013	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation None Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 280.00	

C.	Full Name (Last, First, Middle Initial) Anonymous Anonymous	Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address None Needed	Transaction ID: A-C80136
	City State Zip Code Kentucky KY 99999	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation N/A N/A	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 491.00	

SUBTOTAL of Receipts This Page (optional)	1025.00
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 6 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Anonymous Anonymous

Mailing Address None Needed

City State Zip Code
Kentucky KY 99999

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

Name of Employer Occupation
N/A N/A

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **491.00**

Date of Receipt **04 / 14 / 2008**

Transaction ID: A-C80358

Amount of Each Receipt this Period **1.00**

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

B. Full Name (Last, First, Middle Initial)
Anonymous Anonymous

Mailing Address None Needed

City State Zip Code
Kentucky KY 99999

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

Name of Employer Occupation
N/A N/A

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **491.00**

Date of Receipt **04 / 17 / 2008**

Transaction ID: A-C80507

Amount of Each Receipt this Period **7.00**

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

C. Full Name (Last, First, Middle Initial)
Ms. Betty P Bacchi

Mailing Address **6660 Bacchi Road**

City State Zip Code
Lotus CA 95651-9702

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **240.00**

Date of Receipt **04 / 30 / 2008**

Transaction ID: A-C80708

Amount of Each Receipt this Period **10.00**

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

SUBTOTAL of Receipts This Page (optional) ► **18.00**

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 / 70
(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)
GEOFF DAVIS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Mrs. Ann S Baker		Date of Receipt MM / DD / YYYY 04 / 14 / 2008
Mailing Address 19191 Harvard Avenue Apt. 431A		Transaction ID: A-C80360
City Irvine	State CA	Zip Code 92612-8617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer N/A	Occupation Retired	<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 ▼ 2200.00	

B.

Full Name (Last, First, Middle Initial) Mr. Steven Barnett		Date of Receipt MM / DD / YYYY 04 / 28 / 2008
Mailing Address 1012 Mary Laidley Drive		Transaction ID: A-C80688
City Covington	State KY	Zip Code 41017-9527
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Barnett Industries Inc.	Occupation President	<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 ▼ 2300.00	

C.

Full Name (Last, First, Middle Initial) Mr. Eugene W Becker		Date of Receipt MM / DD / YYYY 04 / 14 / 2008
Mailing Address 1008 S Logan Street Apt. 12		Transaction ID: A-C80363
City Lena	State IL	Zip Code 61048-9003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer NA	Occupation Retired	<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 ▼ 304.00	

SUBTOTAL of Receipts This Page (optional)	2538.00
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 / 70

(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)
GEOFF DAVIS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Mr. Eugene W Becker

Mailing Address 1008 S Logan Street
Apt. 12

City State Zip Code
Lena IL 61048-9003

FEC ID number of contributing federal political committee. C

Name of Employer NA Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt MM / DD / YYYY
04 / 18 / 2008

Transaction ID: A-C79993

Amount of Each Receipt this Period 35.00

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

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

304.00

B.

Full Name (Last, First, Middle Initial)
Capt Edward W Behm

Mailing Address 661 Balboa Ave

City State Zip Code
Coronado CA 92118

FEC ID number of contributing federal political committee. C

Name of Employer Us Military Occupation Officer

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt MM / DD / YYYY
04 / 14 / 2008

Transaction ID: A-C80364

Amount of Each Receipt this Period 25.00

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

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

355.00

C.

Full Name (Last, First, Middle Initial)
Ms. Eli Benson

Mailing Address 40 E 61st Street
Apt. 11A

City State Zip Code
New York NY 10065-8011

FEC ID number of contributing federal political committee. C

Name of Employer HARBERT MANAGEMENT CORP Occupation VICE PRESIDENT

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt MM / DD / YYYY
04 / 18 / 2008

Transaction ID: A-C80016

Amount of Each Receipt this Period 1000.00

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

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

1000.00

SUBTOTAL of Receipts This Page (optional) 1060.00

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 9 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Lisa G Berg

Mailing Address **235 W 76th Street
Apt. 4E**

City **New York** State **NY** Zip Code **10023-8212**

FEC ID number of contributing federal political committee. C

Name of Employer **MELTAV, USA** Occupation **MARKETING AND INVESTING**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: A-C80018

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Lillian M Berryman

Mailing Address **14 Yale Street**

City **Garden City** State **NY** Zip Code **11530-4021**

FEC ID number of contributing federal political committee. C

Name of Employer **None** Occupation **Retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 205.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: A-C80295

Amount of Each Receipt this Period 50.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Mark A Bird

Mailing Address **8315 Larchwood St**

City **New Carrollton** State **MD** Zip Code **20784**

FEC ID number of contributing federal political committee. C

Name of Employer **None** Occupation **None**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 223.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: A-C80512

Amount of Each Receipt this Period 30.00

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

SUBTOTAL of Receipts This Page (optional) 1080.00

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 / 70 (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)
GEOFF DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr Delmer J Bobbitt Mailing Address 1119 Twinbrooke Drive City State Zip Code Houston TX 77088-2034 FEC ID number of contributing federal political committee. C Name of Employer None Occupation RETIRED Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 275.00	Date of Receipt <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Transaction ID: A-C80367 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">50.00</div> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	4		2	0	0	8												

B. Full Name (Last, First, Middle Initial) Mr. Henri A Boots Mailing Address 26 Caroline Avenue City State Zip Code Pompton Plains NJ 07444-2041 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 421.00	Date of Receipt <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Transaction ID: A-C80370 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">33.00</div> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	4		2	0	0	8												

C. Full Name (Last, First, Middle Initial) Mr. Clifton P Boutelle Mailing Address 2821 Erin Avenue City State Zip Code Nampa ID 83686-8547 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 355.00	Date of Receipt <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Transaction ID: A-C80371 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">30.00</div> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	4		2	0	0	8												

SUBTOTAL of Receipts This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">113.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 70
(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)
GEOFF DAVIS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Mr. Ronald G Briggs

Mailing Address 29192 Outrigger Street

City State Zip Code
Lake Elsinore CA 92530-1207

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: A-C80514

Amount of Each Receipt this Period
40.00

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

B.

Full Name (Last, First, Middle Initial)
Mrs. Susan V Brunoff

Mailing Address 334 W Cedar Street

City State Zip Code
New Holland PA 17557-1202

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 ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 8

Transaction ID: A-C80213

Amount of Each Receipt this Period
450.00

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

C.

Full Name (Last, First, Middle Initial)
Miss Bette-Jo Buhler

Mailing Address 8607 N Navarro Street
M

City State Zip Code
Victoria TX 77904-2603

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

Name of Employer Self-employed Occupation Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 404.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: A-C80381

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **540.00**

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 12 / 70
(check only one)

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

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Edmund S Childs, Jr.

Mailing Address 71 Morgan Ridge

City State Zip Code
Longmeadow MA 01106-1757

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
MM / DD / YYYY
04 / 10 / 2008

Transaction ID: A-C80216

Amount of Each Receipt this Period
200.00

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

405.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert C Coats

Mailing Address 4211 Garibaldi Avenue

City State Zip Code
Jacksonville FL 32210-8513

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

Name of Employer Occupation
N/A Retired

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

Date of Receipt
MM / DD / YYYY
04 / 11 / 2008

Transaction ID: A-C80302

Amount of Each Receipt this Period
35.00

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

285.00

C. Full Name (Last, First, Middle Initial)
Mr. C. Omer Coleman

Mailing Address 859 Jersey Ridge Road

City State Zip Code
Maysville KY 41056-9788

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

Name of Employer Occupation
N/A Retired

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

Date of Receipt
MM / DD / YYYY
04 / 30 / 2008

Transaction ID: A-C80032

Amount of Each Receipt this Period
2000.00

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

4300.00

SUBTOTAL of Receipts This Page (optional) ► **2235.00**

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 13 / 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mr. C. Omer Coleman		Date of Receipt
	Mailing Address 859 Jersey Ridge Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 30 / 2008
	City	State	Zip Code
	Maysville	KY	41056-9788
	FEC ID number of contributing federal political committee. C		Transaction ID: A-C80033
Name of Employer N/A		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 300.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 4300.00	

B.	Full Name (Last, First, Middle Initial) Mrs M. C Conklin		Date of Receipt
	Mailing Address 2796 S Main Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 17 / 2008
	City	State	Zip Code
	Lebanon	OR	97355-2280
	FEC ID number of contributing federal political committee. C		Transaction ID: A-C80517
Name of Employer Self		Occupation Pharmacist	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 50.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 450.00	

C.	Full Name (Last, First, Middle Initial) Miss Mary Lou L Conover		Date of Receipt
	Mailing Address PO Box 191		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 17 / 2008
	City	State	Zip Code
	Oswego	IL	60543-0191
	FEC ID number of contributing federal political committee. C		Transaction ID: A-C80518
Name of Employer None		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 50.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 255.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 400.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 70
(check only one)

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

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Charles R. Cook

Mailing Address 117 W Magnolia Street
Apt. 603

City Centralia State WA Zip Code 98531-4302

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 295.00

Date of Receipt: MM / DD / YYYY
04 / 14 / 2008

Transaction ID: A-C80388

Amount of Each Receipt this Period: 25.00

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

B. Full Name (Last, First, Middle Initial)
Miss Betty V Covell

Mailing Address 15707 Bradford Drive

City Laurel State MD Zip Code 20707-3260

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

Name of Employer None Occupation RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
04 / 10 / 2008

Transaction ID: A-C80219

Amount of Each Receipt this Period: 100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. James E Davies

Mailing Address 1977 Nina Way

City Yuba City State CA Zip Code 95993

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

Name of Employer NA Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 360.00

Date of Receipt: MM / DD / YYYY
04 / 21 / 2008

Transaction ID: A-C80620

Amount of Each Receipt this Period: 20.00

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

SUBTOTAL of Receipts This Page (optional) ► 145.00

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 15 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mrs. Lydia L Dejong	Date of Receipt MM / DD / YYYY 04 / 11 / 2008
	Mailing Address 13316 W Meadow Lane	Transaction ID: A-C80307
	City State Zip Code New Berlin WI 53151-1731	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer N/A Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 215.00

B.	Full Name (Last, First, Middle Initial) Mr. Stephen C. DePew	Date of Receipt MM / DD / YYYY 04 / 03 / 2008
	Mailing Address 2043 Huron Street	Transaction ID: A-C80049
	City State Zip Code Marquette MI 49855-1429	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Parsons Occupation Project Manager Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00

C.	Full Name (Last, First, Middle Initial) Mrs. June E Eisenberger	Date of Receipt MM / DD / YYYY 04 / 11 / 2008
	Mailing Address 75 Lake Meade Drive	Transaction ID: A-C80311
	City State Zip Code East Berlin PA 17316-9398	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer None Occupation RETIRED Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 230.00

SUBTOTAL of Receipts This Page (optional)	2335.00
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 16 / 70
(check only one)

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

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Mr. David F. Eisner

Mailing Address 165 W End Avenue

City State Zip Code
New York NY 10023-5503

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

Name of Employer TheMarkets.com Occupation CEO & President

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

Date of Receipt
MM / DD / YYYY
04 / 18 / 2008

Transaction ID: A-C80010

Amount of Each Receipt this Period
2000.00

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

B.

Full Name (Last, First, Middle Initial)
Mrs. Helen E Farson

Mailing Address 211 S 6th Street
Apt. 111

City State Zip Code
Alhambra CA 91801-3621

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
04 / 14 / 2008

Transaction ID: A-C80400

Amount of Each Receipt this Period
20.00

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

C.

Full Name (Last, First, Middle Initial)
Miss Olivia Fisher

Mailing Address 583 29th Avenue

City State Zip Code
San Francisco CA 94121-2818

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

Name of Employer Information Requested Occupation Information Requested

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

Date of Receipt
MM / DD / YYYY
04 / 10 / 2008

Transaction ID: A-C80229

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ► **2070.00**

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 / 70
(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)
GEOFF DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Miss Edith M Friedrich

Mailing Address 1 Faye Drive

City State Zip Code
Taylor Mill KY 41015-1726

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

Name of Employer SELF Occupation INVESTOR

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

Date of Receipt
MM / DD / YYYY
04 / 18 / 2008

Transaction ID: A-C80580

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Dr. David Goebel

Mailing Address 2108 Lowe Gehringer Road

City State Zip Code
Ashland KY 41102-8114

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

Name of Employer Self-employed Occupation Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2008

Transaction ID: A-C80232

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Miss Shirley Griffiths

Mailing Address 2216 Graffius Avenue Extension

City State Zip Code
Punxsutawney PA 15767-3916

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

Name of Employer N/A Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2008

Transaction ID: A-C80234

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 70
(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)
GEOFF DAVIS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Roger Griggs		Date of Receipt MM / DD / YYYY 04 / 30 / 2008
Mailing Address 10650 Big Bone Church Road		Transaction ID: A-C80035
City Union	State KY	Zip Code 41091-9432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Union Springs	Occupation President	<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 ▼ 2000.00	

B.

Full Name (Last, First, Middle Initial) Mr Clark Gross		Date of Receipt MM / DD / YYYY 04 / 21 / 2008
Mailing Address PO Box 23190		Transaction ID: A-C80622
City Lexington	State KY	Zip Code 40523-3190
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NA	Occupation Retired	<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) Mr. James A Hand		Date of Receipt MM / DD / YYYY 04 / 17 / 2008
Mailing Address 368 Lower Lavista Court NW		Transaction ID: A-C80526
City Salem	State OR	Zip Code 97304-4710
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Retired	<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 ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	2300.00
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 / 70
	(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"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mr. Marc Hayem		Date of Receipt
	Mailing Address 248 E 94th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 18 / 2008
	City	State	Zip Code
	New York	NY	10128-3706
	FEC ID number of contributing federal political committee.		Transaction ID: A-C80011
Name of Employer MARK LOGIC CORP		Occupation DIRECTOR OF CUSTOM	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			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Mrs. Ella M. Helm		Date of Receipt
	Mailing Address 3385 Hallmark Drive SE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 10 / 2008
	City	State	Zip Code
	Marietta	GA	30067-5110
	FEC ID number of contributing federal political committee.		Transaction ID: A-C80240
Name of Employer None		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 75.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Mr. Hal T Hiatt, Sr.		Date of Receipt
	Mailing Address 5811 Brigade Lane Apt. 209		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 21 / 2008
	City	State	Zip Code
	Indianapolis	IN	46216-2199
	FEC ID number of contributing federal political committee.		Transaction ID: A-C80623
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 25.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 20 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mrs. Patricia B Hill		Date of Receipt MM / DD / YYYY 04 / 10 / 2008
	Mailing Address 518 Savannah Avenue Apt. D		Transaction ID: A-C80241
	City Elizabethtown	State KY	Zip Code 42701-2389
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer NA	Occupation Retired	<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 ▼ 318.00		

B.	Full Name (Last, First, Middle Initial) Mrs. Dorothy Johns		Date of Receipt MM / DD / YYYY 04 / 22 / 2008
	Mailing Address 3645 Lakeshore Drive		Transaction ID: A-C80648
	City Cookeville	State TN	Zip Code 38506-6277
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer NA	Occupation Retired	<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 ▼ 295.00		

C.	Full Name (Last, First, Middle Initial) Mr Charles E Jones		Date of Receipt MM / DD / YYYY 04 / 14 / 2008
	Mailing Address PO Box 765		Transaction ID: A-C80424
	City Odessa	State TX	Zip Code 79760-0765
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Self Employed	Occupation Engineer	<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 ▼ 350.00		

SUBTOTAL of Receipts This Page (optional)	160.00
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 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Saunders Jones

Mailing Address 66 Pine Crest Road

City Birmingham State AL Zip Code 35223-1262

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

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt 04 / 14 / 2008
Transaction ID: A-C80423
 Amount of Each Receipt this Period 100.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Mary C Jordan

Mailing Address 321 W South St

City Grayville State IL Zip Code 62844

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

Name of Employer NA Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 477.00

Date of Receipt 04 / 14 / 2008
Transaction ID: A-C80425
 Amount of Each Receipt this Period 38.00

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

C. Full Name (Last, First, Middle Initial)
Mike J Kegley

Mailing Address 8541 Imperial Court

City Florence State KY Zip Code 41042-7706

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

Name of Employer Bold Homes Inc Occupation Home Builder

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 04 / 20 / 2008
Transaction ID: A-C80043
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1138.00

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 / 70
(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)
GEOFF DAVIS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Mrs. Elizabeth A Kidwell

Mailing Address 1564 Hillcrest Court

City Clarkston State WA Zip Code 99403-2935

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

212.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2008

Transaction ID: A-C80246

Amount of Each Receipt this Period
54.00

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

B.

Full Name (Last, First, Middle Initial)
Mr Milton Kintigh

Mailing Address 429 Gilmore Avenue

City Trafford State PA Zip Code 15085-1509

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

Name of Employer NA Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

303.00

Date of Receipt
MM / DD / YYYY
04 / 11 / 2008

Transaction ID: A-C80324

Amount of Each Receipt this Period
20.00

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

C.

Full Name (Last, First, Middle Initial)
Major Darwin A Koppie, Ret

Mailing Address 40282 Hiddenheights Lane

City Lovettsville State VA Zip Code 20180-2134

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

Name of Employer Us Military Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

315.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2008

Transaction ID: A-C80248

Amount of Each Receipt this Period
25.00

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

SUBTOTAL of Receipts This Page (optional) ► **99.00**

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 23 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Stanley Kuper

Mailing Address **8 Rain Hollow Place**

City **Houston** State **TX** Zip Code **77024-4307**

FEC ID number of contributing federal political committee. C

Name of Employer **FORESIGHT** Occupation **REAL ESTATE**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
04 / 14 / 2008

Transaction ID: A-C80433

Amount of Each Receipt this Period 50.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Rolf Larsson

Mailing Address **211 W Oak Street Apt. 721**

City **Louisville** State **KY** Zip Code **40203-2871**

FEC ID number of contributing federal political committee. C

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 612.00

Date of Receipt M M / D D / Y Y Y Y
04 / 14 / 2008

Transaction ID: A-C80435

Amount of Each Receipt this Period 306.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Herbert Levin

Mailing Address **1239 Idlewood Road**

City **Glendale** State **CA** Zip Code **91202-2010**

FEC ID number of contributing federal political committee. C

Name of Employer **Dept Of Justice Of Califo** Occupation **Lawyer**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 265.00

Date of Receipt M M / D D / Y Y Y Y
04 / 28 / 2008

Transaction ID: A-C80701

Amount of Each Receipt this Period 20.00

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

SUBTOTAL of Receipts This Page (optional) 376.00

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 24 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mr. Ernest M Lezoche		Date of Receipt
	Mailing Address 2722 N 22nd Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 11 / 2008
	City	State	Zip Code
	Philadelphia	PA	19132-2601
	FEC ID number of contributing federal political committee. C		Transaction ID: A-C80329
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 25.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 385.00	

B.	Full Name (Last, First, Middle Initial) Mr James W Liebert		Date of Receipt
	Mailing Address 2302 E Hampton Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 17 / 2008
	City	State	Zip Code
	Tucson	AZ	85719-3814
	FEC ID number of contributing federal political committee. C		Transaction ID: A-C80537
Name of Employer NA		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 100.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 400.00	

C.	Full Name (Last, First, Middle Initial) Mr James W Liebert		Date of Receipt
	Mailing Address 2302 E Hampton Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 22 / 2008
	City	State	Zip Code
	Tucson	AZ	85719-3814
	FEC ID number of contributing federal political committee. C		Transaction ID: A-C80652
Name of Employer NA		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 100.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 400.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 225.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Mr. Richard Linhart</p> <p>Mailing Address 188 E 78th Street Apt. 22B</p> <p>City New York State NY Zip Code 10075-0533</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer BEAR STEARNS & CO., INC Occupation INVESTMENT</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 ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 8</p> <p>Transaction ID: A-C80015</p> <p>Amount of Each Receipt this Period 1000.00</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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<p>B. Full Name (Last, First, Middle Initial) Mr Thomas A Lupton, Jr.</p> <p>Mailing Address 1201 Tallan Bldg Two Union Sq</p> <p>City Chattanooga State TN Zip Code 37402</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Stone Fort Land Co. Occupation President</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 ▼ 700.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8</p> <p>Transaction ID: A-C80331</p> <p>Amount of Each Receipt this Period 200.00</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) Mr Frank L Mansell</p> <p>Mailing Address 161 Gomez Road</p> <p>City Hobe Sound State FL Zip Code 33455-2430</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NA 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 M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8</p> <p>Transaction ID: A-C80539</p> <p>Amount of Each Receipt this Period 100.00</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)	1300.00
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 / 70

(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)
GEOFF DAVIS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Mr J Thomas Mccrary

Mailing Address 619 Gatch Ln

City State Zip Code
Cottageville SC 29435

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

Name of Employer Occupation
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 905.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	8

Transaction ID: A-C80446

Amount of Each Receipt this Period

35.00

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

B.

Full Name (Last, First, Middle Initial)

Miss Doris McElreen

Mailing Address 644 N Columbia Street

City State Zip Code
Bogalusa LA 70427-2912

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

Name of Employer Occupation
N/A Retired

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	0	8

Transaction ID: A-C80624

Amount of Each Receipt this Period

50.00

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

C.

Full Name (Last, First, Middle Initial)

Dr. R. W Medley, JR MD

Mailing Address 1220 Frederica Street

City State Zip Code
Owensboro KY 42301-3057

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) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	8

Transaction ID: A-C80448

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

185.00

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 / 70
	(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)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Jack M. Miller		Date of Receipt
	Mailing Address 2491 Legends Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 04 / 09 / 2008
	City State Zip Code Crestview Hills KY 41017-3480		Transaction ID: A-C80046
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <input type="text"/> 300.00
	Name of Employer Occupation Drees Co. Home Builder		<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 ▼		<input type="text"/> 3000.00	

B.	Full Name (Last, First, Middle Initial) Jack M. Miller		Date of Receipt
	Mailing Address 2491 Legends Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 04 / 09 / 2008
	City State Zip Code Crestview Hills KY 41017-3480		Transaction ID: A-C80047
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <input type="text"/> 700.00
	Name of Employer Occupation Drees Co. Home Builder		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼		<input type="text"/> 3000.00	

C.	Full Name (Last, First, Middle Initial) Mr. John W. Moorhouse		Date of Receipt
	Mailing Address 971 Pamela Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 04 / 17 / 2008
	City State Zip Code Maineville OH 45039-8514		Transaction ID: A-C80544
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <input type="text"/> 75.00
	Name of Employer Occupation None Retired Police Officer		<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 ▼		<input type="text"/> 525.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1075.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 70

(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)
GEOFF DAVIS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Mr. Joshua Neuman

Mailing Address 401 E 86th Street
Apt. 12B

City State Zip Code
New York NY 10028-6416

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
BEAR STEARNS AND CO. INC SENIOR ASSOCIATE

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 18 / 2008

Transaction ID: A-C80014

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. James E Newman

Mailing Address 4202 Lake Meadow Way

City State Zip Code
Louisville TN 37777-3029

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 08 / 2008

Transaction ID: A-C80186

Amount of Each Receipt this Period
75.00

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

C.

Full Name (Last, First, Middle Initial)
Mr Richard A Nowak

Mailing Address 5701 Southern Hills Drive

City State Zip Code
Flower Mound TX 75022-6534

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ELCOR CORP Executive

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 18 / 2008

Transaction ID: A-C80596

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) 1275.00

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 / 70
(check only one)

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

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. James P. O'Reagan

Mailing Address 2679 Sterling Trace

City Burlington State KY Zip Code 41005-8483

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

Name of Employer Toyota Occupation Automotive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 04 / 18 / 2008
Transaction ID: A-C79995
Amount of Each Receipt this Period: 250.00

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

B. Full Name (Last, First, Middle Initial)
Mr John F ODonnell

Mailing Address 1838 Monserrat Way

City Vista State CA Zip Code 92081-7012

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

Name of Employer REAL ESTATE INVESTOR Occupation ODONNELL

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt: 04 / 14 / 2008
Transaction ID: A-C80456
Amount of Each Receipt this Period: 150.00

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

C. Full Name (Last, First, Middle Initial)
Miss Linda A Ohlsen

Mailing Address 3425 Christina Groves Lane

City Lakeland State FL Zip Code 33813-3969

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

Name of Employer CPWT Inc. Occupation Secretary

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 210.00

Date of Receipt: 04 / 22 / 2008
Transaction ID: A-C80658
Amount of Each Receipt this Period: 20.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **420.00**

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 / 70
(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)
GEOFF DAVIS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Mr. Richard R Olander

Mailing Address 1742 N Fitzgerald Lane

City State Zip Code
Hanford CA 93230-7901

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 695.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: A-C80457

Amount of Each Receipt this Period
53.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Stanley L. Owens

Mailing Address 2360 Bladeston Drive

City State Zip Code
Brooksville KY 41004-8953

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 266.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 8

Transaction ID: A-C80263

Amount of Each Receipt this Period
40.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. Jay L Peters

Mailing Address 3811 Darwin Road

City State Zip Code
Durham NC 27707-5307

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

Name of Employer Durham Tech Community Col Occupation Professor

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
0 4 / 1 0 / 2 0 0 8

Transaction ID: A-C80267

Amount of Each Receipt this Period
125.00

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

SUBTOTAL of Receipts This Page (optional) ► **218.00**

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 / 70
(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)
GEOFF DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Burl A Pillows

Mailing Address 252C RR 5

City State Zip Code
Brownwood TX 76801-9437

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

Name of Employer Occupation
None Retired

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

675.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: A-C80461

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Helen J Pope

Mailing Address 2129 Magnolia Lane

City State Zip Code
Flint MI 48532-4179

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

Name of Employer Occupation
Retired Teacher

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

945.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2008

Transaction ID: A-C80154

Amount of Each Receipt this Period
30.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Helen J Pope

Mailing Address 2129 Magnolia Lane

City State Zip Code
Flint MI 48532-4179

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

Name of Employer Occupation
Retired Teacher

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

945.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2008

Transaction ID: A-C80627

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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 / 70

(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)
GEOFF DAVIS FOR CONGRESS

A.

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

Mailing Address **6910 Hopeful Road
Apartment 2112**

City **Florence** State **KY** Zip Code **41042-7940**

FEC ID number of contributing federal political committee. C

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1850.00

Date of Receipt MM / DD / YYYY
04 / 10 / 2008

Transaction ID: A-C80273

Amount of Each Receipt this Period 100.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Keith Rosenbloom

Mailing Address **800 5th Avenue
14-C**

City **New York** State **NY** Zip Code **10065-7239**

FEC ID number of contributing federal political committee. C

Name of Employer **COMMONWEALTH CAPITAL GROUP** Occupation **MANAGING MEMBER**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
04 / 18 / 2008

Transaction ID: A-C80013

Amount of Each Receipt this Period 1000.00

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

C.

Full Name (Last, First, Middle Initial)
Mrs. Nancy B Roth

Mailing Address **8545 Carmel Valley Road**

City **Carmel** State **CA** Zip Code **93923-9556**

FEC ID number of contributing federal political committee. C

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt MM / DD / YYYY
04 / 18 / 2008

Transaction ID: A-C80600

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) 1200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 70
	(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

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mrs. Edna M. Rothenberger	Date of Receipt MM / DD / YYYY 04 / 22 / 2008
	Mailing Address 9519 Decoursey Pike	Transaction ID: A-C80662
	City State Zip Code Ryland Hght KY 41015-9579	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer None Occupation Retired Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 230.00	

B.	Full Name (Last, First, Middle Initial) Timothy R Rupli	Date of Receipt MM / DD / YYYY 04 / 22 / 2008
	Mailing Address 1301 Pennsylvania Avenue NW Suite 500	Transaction ID: A-I83411
	City State Zip Code Washington DC 20004-1701	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Inkind: Catering
	Name of Employer T.R. Rupli & Associates Occupation President Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2900.00	<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) Pat R Rutherford	Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address 5 E Greenway Plaza Suite 220	Transaction ID: A-C80156
	City State Zip Code Houston TX 77046-0597	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Rutherford Oil Corp Occupation Oil & Gas Operator Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	670.00
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 / 70
(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)
GEOFF DAVIS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Kevin Sell		Date of Receipt MM / DD / YYYY 04 / 18 / 2008
Mailing Address 9301 Royal Oak Drive		Transaction ID: A-C79994
City Alexandria	State KY	Zip Code 41001-9067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Century Construction	Occupation Director of Employee Health and Development	<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 ▼ 1500.00	

B.

Full Name (Last, First, Middle Initial) Ms. Elizabeth Skapin		Date of Receipt MM / DD / YYYY 04 / 14 / 2008
Mailing Address 4445 W 215th Street		Transaction ID: A-C80482
City Cleveland	State OH	Zip Code 44126-2301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.00
Name of Employer Information Requested	Occupation Information Requested	<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 ▼ 315.00	

C.

Full Name (Last, First, Middle Initial) Ms. Elizabeth Skapin		Date of Receipt MM / DD / YYYY 04 / 24 / 2008
Mailing Address 4445 W 215th Street		Transaction ID: A-C80685
City Cleveland	State OH	Zip Code 44126-2301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Information Requested	Occupation Information Requested	<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 ▼ 315.00	

SUBTOTAL of Receipts This Page (optional)	538.00
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 / 70
(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)
GEOFF DAVIS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Mrs. Beverly V Smith		Date of Receipt MM / DD / YYYY 04 / 10 / 2008
Mailing Address 337 Marcy Street		Transaction ID: A-C80283
City West Babylon	State NY	Zip Code 11704-3004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer VA H NORTHPORT NY	Occupation Retired	<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 ▼ 1060.00	

B.

Full Name (Last, First, Middle Initial) Miss Ada A Strassenburgh		Date of Receipt MM / DD / YYYY 04 / 14 / 2008
Mailing Address PO Box 608		Transaction ID: A-C80488
City Ocean View	State NJ	Zip Code 08230-0608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer None	Occupation Retired	<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 ▼ 2300.00	

C.

Full Name (Last, First, Middle Initial) Miss Ada A Strassenburgh		Date of Receipt MM / DD / YYYY 04 / 14 / 2008
Mailing Address PO Box 608		Transaction ID: A-C80489
City Ocean View	State NJ	Zip Code 08230-0608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	<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 ▼ 2300.00	

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 36 / 70

(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)
GEOFF DAVIS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Mr. Nicholas E Swesel

Mailing Address 2059 S 7th Street

City State Zip Code
Milwaukee WI 53204-3921

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

Name of Employer Occupation
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 738.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 10 / 2008

Transaction ID: A-C80287

Amount of Each Receipt this Period

50.00

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

B.

Full Name (Last, First, Middle Initial)
Mr Larry K Swisher

Mailing Address 4631 Brownsboro Road

City State Zip Code
Louisville KY 40207-1705

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

Name of Employer Occupation
Information Requested Information Requested

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

Date of Receipt

M M / D D / Y Y Y Y
04 / 30 / 2008

Transaction ID: A-C80714

Amount of Each Receipt this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)
Mrs. Catherine I Threet

Mailing Address 150 Gessner Road
Unit 9D

City State Zip Code
Houston TX 77024-6149

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 14 / 2008

Transaction ID: A-C80493

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional) ▶

250.00

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 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Eloise R Valinet

Mailing Address **8754 Running Creek Court**

City **Indianapolis** State **IN** Zip Code **46268-4224**

FEC ID number of contributing federal political committee. C

Name of Employer **NA** Occupation **Retired**

Receipt For: **2008** Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: A-C80610

Amount of Each Receipt this Period 200.00

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

B. Full Name (Last, First, Middle Initial)
Mr. George J Wagner, Jr.

Mailing Address **6004 Glen Hill Road**

City **Louisville** State **KY** Zip Code **40222-6128**

FEC ID number of contributing federal political committee. C

Name of Employer **None** Occupation **Retired**

Receipt For: **2008** Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 602.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: A-C80635

Amount of Each Receipt this Period 200.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Spencer Waxman

Mailing Address **43 Berkeley Avenue**

City **Yonkers** State **NY** Zip Code **10705-3711**

FEC ID number of contributing federal political committee. C

Name of Employer **SHANNON RIVER PARTNERS** Occupation **FUND MANAGER**

Receipt For: **2008** Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: A-C80017

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 1400.00

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 / 70
(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)
GEOFF DAVIS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Mr. Walter L Whitcomb, Jr.

Mailing Address 39480 N Cambridge Boulevard

City State Zip Code
Beach Park IL 60083-3033

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

Name of Employer None Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 510.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2008

Transaction ID: A-C80611

Amount of Each Receipt this Period
35.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Walter F Wild

Mailing Address 41-473 Kalaniana'ole Highway

City State Zip Code
Waimanalo HI 96795-1817

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

Name of Employer None Occupation RETIRED

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 305.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: A-C80500

Amount of Each Receipt this Period
35.00

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

C.

Full Name (Last, First, Middle Initial)
Marion S Yerkes

Mailing Address 3679 Blackfoot Court SW

City State Zip Code
Grandville MI 49418-1721

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

Name of Employer NA Occupation HOMEMAKER

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 505.00

Date of Receipt
MM / DD / YYYY
04 / 11 / 2008

Transaction ID: A-C80353

Amount of Each Receipt this Period
53.00

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

SUBTOTAL of Receipts This Page (optional) ► **123.00**

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 39 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Mrs. Harriet M Young

Mailing Address 81910 Arus Avenue

City State Zip Code
Indio CA 92201-7739

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

Name of Employer Occupation
N/A Homemaker

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

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A-C80354

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	29691.00

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

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

FOR LINE NUMBER: PAGE 40 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AT&T Inc. PAC

Mailing Address 175 E Houston Street
Room 7-A

City San Antonio State TX Zip Code 78205-2255

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

Date of Receipt 04 / 10 / 2008
Transaction ID: A-C77756
 Amount of Each Receipt this Period 2000.00

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

B. Full Name (Last, First, Middle Initial)
AT&T Inc. PAC

Mailing Address 175 E Houston Street
Room 7-A

City San Antonio State TX Zip Code 78205-2255

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

Date of Receipt 04 / 18 / 2008
Transaction ID: A-C79992
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Conservative Victory Fund

Mailing Address 1101 Pennsylvania Avenue SE
Suite 201

City Washington State DC Zip Code 20003-2277

FEC ID number of contributing federal political committee. **C** C00009704

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2279.75

Date of Receipt 04 / 17 / 2008
Transaction ID: A-I80741
 Amount of Each Receipt this Period 404.95

Inkind: Fax Services

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

SUBTOTAL of Receipts This Page (optional) ▶ 3404.95

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 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kentucky Bankers PAC

Mailing Address 600 W Main Street

City State Zip Code
Louisville KY 40202-4919

FEC ID number of contributing federal political committee. **C** C00062836

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 8

Transaction ID: A-C77755

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Swedish Match Pac

Mailing Address PO Box 13297

City State Zip Code
Richmond VA 23225-0297

FEC ID number of contributing federal political committee. **C** C00215053

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 8

Transaction ID: A-C80019

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ► 4904.95

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 70	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Heritage Bank		Date of Receipt
Mailing Address 1818 Florence Pike		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
City	State	Zip Code
Burlington	KY	41005-7933
FEC ID number of contributing federal political committee.		Transaction ID: A-M80740
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="781.01"/>
Name of Employer	Occupation	Interest Income
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="103866.02"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="781.01"/>
TOTAL This Period (last page this line number only)	<input type="text" value="781.01"/>

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)
GEOFF DAVIS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) 50 Anniversary Literacy Luncheon</p> <p>Mailing Address 1320 Old Chain Bridge Road Suite 330</p> <p>City Mclean State VA Zip Code 22101-3948</p> <p>Purpose of Disbursement Campaign Event: Tickets</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: B-E-80743</p> <p>Date of Disbursement 04 / 14 / 2008</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>B. Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address 100 Meijer Drive</p> <p>City Florence State KY Zip Code 41042-4846</p> <p>Purpose of Disbursement Computer Supplies</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: B-S-22784</p> <p>Date of Disbursement 04 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 159.47</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Elan Financial Services(04/07/08)</p>
<p>C. Full Name (Last, First, Middle Initial) BMW Direct, LLP</p> <p>Mailing Address 8806 Hunting Lodge Court</p> <p>City Vienna State VA Zip Code 22182-5517</p> <p>Purpose of Disbursement Fundraising: Fundraising Expense</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: B-E-80719</p> <p>Date of Disbursement 04 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</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) ►

1800.00

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)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) By the Brook Florist Mailing Address 5940 Limaburg Road City Burlington State KY Zip Code 41005-9504 Purpose of Disbursement Bereavement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-22783 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 8 Amount of Each Disbursement this Period 56.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Elan Financial Services(04/07/08)
B.	Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 1st Street SE City Washington State DC Zip Code 20003-1801 Purpose of Disbursement Campaign Event: Campaign Meeting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-77749 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8 Amount of Each Disbursement this Period 618.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 1st Street SE City Washington State DC Zip Code 20003-1801 Purpose of Disbursement Fundraising Event Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-80009 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 8 Amount of Each Disbursement this Period 842.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1460.94
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)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Century Data Systems Corp. Mailing Address 1601 5th Street NW City Washington State DC Zip Code 20001-2405 Purpose of Disbursement Fundraising: Fundraising Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-80721 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8 Amount of Each Disbursement this Period 2497.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Cincinnati Bell Mailing Address PO Box 748001 City Cincinnati State OH Zip Code 45274-8001 Purpose of Disbursement Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-77670 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 28.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Cincinnati Bell Mailing Address PO Box 748001 City Cincinnati State OH Zip Code 45274-8001 Purpose of Disbursement Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-77672 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 410.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2935.89

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)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Cincinnati Bell	Transaction ID: B-E-79980 Date of Disbursement 04 / 15 / 2008
	Mailing Address PO Box 748001	Amount of Each Disbursement this Period 398.05
	City Cincinnati State OH Zip Code 45274-8001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Cincinnati Bell	Transaction ID: B-E-80022 Date of Disbursement 04 / 25 / 2008
	Mailing Address PO Box 748001	Amount of Each Disbursement this Period 41.18
	City Cincinnati State OH Zip Code 45274-8001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Comcast Cable	Transaction ID: B-S-22785 Date of Disbursement 04 / 07 / 2008
	Mailing Address 6529 Quilen Road	Amount of Each Disbursement this Period 61.25
	City Shreveport State LA Zip Code 71108-4438	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Internet Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

[MEMO ITEM]
Subitemization of Elan Financial Services(04/07/08)

SUBTOTAL of Disbursements This Page (optional) ▶

439.23

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Complete Campaigns.Com <hr/> Mailing Address 610 Gateway Center Way Suite K <hr/> City San Diego State CA Zip Code 92102-4548 <hr/> Purpose of Disbursement Campaign Database Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-22792 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Elan Financial Services(04/07/08)
B.	Full Name (Last, First, Middle Initial) Conservative Victory Fund <hr/> Mailing Address 1101 Pennsylvania Avenue SE Suite 201 <hr/> City Washington State DC Zip Code 20003-2277 <hr/> Purpose of Disbursement Inkind: Fax Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-I-80741 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 404.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Consolidated Mailing Services <hr/> Mailing Address 504 Shaw Road Suite 206 <hr/> City Sterling State VA Zip Code 20166-9437 <hr/> Purpose of Disbursement Fundraising: Fundraising Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-80717 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 3222.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3627.55
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Consolidated Mailing Services	Transaction ID: B-E-80720 Date of Disbursement
	Mailing Address 504 Shaw Road Suite 206	<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City Sterling State VA Zip Code 20166-9437	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising: Fundraising Expense	<input type="text" value="3599.27"/>
	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	Category/Type <input type="text" value="003"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Consolidated Mailing Services	Transaction ID: B-E-80723 Date of Disbursement
	Mailing Address 504 Shaw Road Suite 206	<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Sterling State VA Zip Code 20166-9437	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising: Fundraising Expense	<input type="text" value="3735.00"/>
	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	Category/Type <input type="text" value="003"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: B-S-22780 Date of Disbursement
	Mailing Address PO Box 20706	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City Atlanta State GA Zip Code 30320-6001	Amount of Each Disbursement this Period
	Purpose of Disbursement Plane Ticket	<input type="text" value="979.00"/>
	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	Category/Type <input type="text" value="002"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Elan Financial Services(04/07/08)
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7334.27"/>
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)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Duke Energy Mailing Address PO Box 9001076 City Louisville State KY Zip Code 40290-1076 Purpose of Disbursement Administrative/Salary/Overhead: Electric Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-77669 Date of Disbursement 04 / 01 / 2008 Amount of Each Disbursement this Period 223.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Duke Energy Mailing Address PO Box 9001076 City Louisville State KY Zip Code 40290-1076 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-80024 Date of Disbursement 04 / 28 / 2008 Amount of Each Disbursement this Period 133.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Elan Financial Services Mailing Address PO Box 790408 City Saint Louis State MO Zip Code 63179-0408 Purpose of Disbursement Other: Credit Card Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-77722 Date of Disbursement 04 / 07 / 2008 Amount of Each Disbursement this Period 1810.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional) ▶

2168.05

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Elan Financial Services	Transaction ID: B-E-77723 Date of Disbursement 04 / 07 / 2008
	Mailing Address PO Box 790408	Amount of Each Disbursement this Period 500.00
	City Saint Louis State MO Zip Code 63179-0408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Credit Card Expense Candidate Name	Original vendors exceeding reporting threshold itemized as memo transactions.
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Elliott & Wilson Properties	Transaction ID: B-E-77674 Date of Disbursement 04 / 01 / 2008
	Mailing Address 3161 Dixie Highway Suite E	Amount of Each Disbursement this Period 500.00
	City Erlanger State KY Zip Code 41018-1841	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative/Salary/Overhead: Rent Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Erlanger Self Storage	Transaction ID: B-E-77748 Date of Disbursement 04 / 10 / 2008
	Mailing Address 3140 Crescent Avenue	Amount of Each Disbursement this Period 85.00
	City Erlanger State KY Zip Code 41018-3055	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Other: Storage Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	1085.00
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)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) FEDEX Mailing Address 2404 High City Crescent Springs State KY Zip Code 41094 Purpose of Disbursement Other: Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-80007 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8 Amount of Each Disbursement this Period 25.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) FEDEX Mailing Address 2404 High City Crescent Springs State KY Zip Code 41094 Purpose of Disbursement Other: Shipping Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-80028 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 8 Amount of Each Disbursement this Period 54.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) First Virginia Community Bank Mailing Address 11325 Random Hills Road Suite 240 City Fairfax State VA Zip Code 22030-6043 Purpose of Disbursement Fundraising: Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-80718 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 159.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	239.61
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)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) First Virginia Community Bank	Transaction ID: B-E-80724 Date of Disbursement
	Mailing Address 11325 Random Hills Road Suite 240	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Fairfax State VA Zip Code 22030-6043	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising: Fundraising Expense	<input type="text" value="24.05"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="003"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Heritage Bank	Transaction ID: B-E-80726 Date of Disbursement
	Mailing Address 1818 Florence Pike	<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City Burlington State KY Zip Code 41005-7933	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Loan Interest Expense	<input type="text" value="441.23"/>
	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	Category/Type <input type="text" value="001"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Heritage Bank	Transaction ID: B-E-80735 Date of Disbursement
	Mailing Address 1818 Florence Pike	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Burlington State KY Zip Code 41005-7933	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="10.28"/>
	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	Category/Type <input type="text" value="001"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="475.56"/>
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)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) JVC America <hr/> Mailing Address 1700 Valley Road <hr/> City Wayne State NJ Zip Code 07470-8436 <hr/> Purpose of Disbursement Camera Equipment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-22790 Date of Disbursement 04 / 07 / 2008 <hr/> Amount of Each Disbursement this Period 289.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Elan Financial Services(04/07/08)
B.	Full Name (Last, First, Middle Initial) Michael's Arts and Crafts <hr/> Mailing Address 4999 Houston Road Suite 200 <hr/> City Florence State KY Zip Code 41042-5126 <hr/> Purpose of Disbursement Other: Gift Cards Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-80021 Date of Disbursement 04 / 25 / 2008 <hr/> 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) Mike Gula & Associates, LLC <hr/> Mailing Address 700 12th Street NW Suite 700 <hr/> City Washington State DC Zip Code 20005-4052 <hr/> Purpose of Disbursement Fundraising: PAC Fundraising Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-77720 Date of Disbursement 04 / 07 / 2008 <hr/> Amount of Each Disbursement this Period 2277.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2527.27

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)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mike Gula & Associates, LLC Mailing Address 700 12th Street NW Suite 700 City Washington State DC Zip Code 20005-4052 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-79991 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>10300.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	0	8	10300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	8		2	0	0	8														
10300.00																							
B.	Full Name (Last, First, Middle Initial) New Media Communications, Inc. Mailing Address Summit of Richfield II 3046 Brecksville Road City Richfield State OH Zip Code 44286-9399 Purpose of Disbursement Other: Web Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-77676 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>3045.87</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8	3045.87
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	2		2	0	0	8														
3045.87																							
C.	Full Name (Last, First, Middle Initial) New Media Communications, Inc. Mailing Address Summit of Richfield II 3046 Brecksville Road City Richfield State OH Zip Code 44286-9399 Purpose of Disbursement Other: Website Enhancement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-77680 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>82.88</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8	82.88
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	2		2	0	0	8														
82.88																							

SUBTOTAL of Disbursements This Page (optional) ▶

13428.75

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)
GEOFF DAVIS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
New Media Communications, Inc.

Transaction ID: B-E-77719

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	0	8

Mailing Address Summit of Richfield II
3046 Brecksville Road

Amount of Each Disbursement this Period

125.00

City Richfield State OH Zip Code 44286-9399

Purpose of Disbursement
Other: Website Hosting

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Office Depot

Transaction ID: B-S-22812

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	8

Mailing Address 6825 Burlington Pike

Amount of Each Disbursement this Period

187.61

City Florence State KY Zip Code 41042-1616

Purpose of Disbursement
Tax forms, Software and Suppli

001 Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

[MEMO ITEM]

Subitemization of Joe Green(04/06/08)

C.

Full Name (Last, First, Middle Initial)
Paycor Payroll Services

Transaction ID: B-E-80737

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	8

Mailing Address 644 Linn Street

Amount of Each Disbursement this Period

18.50

City Cincinnati State OH Zip Code 45203-1720

Purpose of Disbursement
Employer Tax Expense

001 Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

143.50

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)
GEOFF DAVIS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Paycor Payroll Services</p> <p>Mailing Address 644 Linn Street</p> <p>City Cincinnati State OH Zip Code 45203-1720</p> <p>Purpose of Disbursement Employer Tax Expense</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-80729</p> <p>Date of Disbursement 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 150.53</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) Paycor Payroll Services</p> <p>Mailing Address 644 Linn Street</p> <p>City Cincinnati State OH Zip Code 45203-1720</p> <p>Purpose of Disbursement Payroll Expense</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-80734</p> <p>Date of Disbursement 04 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 102.56</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) Paycor Payroll Services</p> <p>Mailing Address 644 Linn Street</p> <p>City Cincinnati State OH Zip Code 45203-1720</p> <p>Purpose of Disbursement Employer Tax Expense</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-80733</p> <p>Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 150.53</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) ▶

403.62

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)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Star Computers Mailing Address 90 Carothers Road City Newport State KY Zip Code 41071-2416 Purpose of Disbursement Other: Computer Repair Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-80008 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) T&W Printing Mailing Address 17 W Southern Avenue City Covington State KY Zip Code 41015-1482 Purpose of Disbursement Letterhead Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-79981 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8 Amount of Each Disbursement this Period 673.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) United States Postal Service Mailing Address USPS Dixie Highway Branch City Covington State KY Zip Code 41017 Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-80020 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8 Amount of Each Disbursement this Period 328.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1301.10
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)
GEOFF DAVIS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 25505</p> <p>City Lehigh Valley State PA Zip Code 18002-5505</p> <p>Purpose of Disbursement Phone Service 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: B-E-77668 Date of Disbursement 04 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 364.09</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) Verizon Wireless</p> <p>Mailing Address PO Box 25505</p> <p>City Lehigh Valley State PA Zip Code 18002-5505</p> <p>Purpose of Disbursement Phone Service 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: B-E-80023 Date of Disbursement 04 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 334.70</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) Waltz Business Systems</p> <p>Mailing Address 703 Centre View Boulevard</p> <p>City Crescent Springs State KY Zip Code 41017-5435</p> <p>Purpose of Disbursement Copier Rent 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: B-E-77671 Date of Disbursement 04 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 87.79</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) ▶

786.58

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)
GEOFF DAVIS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Waltz Business Systems</p> <p>Mailing Address 703 Centre View Boulevard</p> <p>City Crescent Springs State KY Zip Code 41017-5435</p> <p>Purpose of Disbursement Other: Copier Rental</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: B-E-77721</p> <p>Date of Disbursement 04 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 87.66</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) Washington Intelligence Bureau, Inc.</p> <p>Mailing Address Pepsi Place</p> <p>City Chantilly State VA Zip Code 22182</p> <p>Purpose of Disbursement Fundraising: Fundraising Expense</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: B-E-80722</p> <p>Date of Disbursement 04 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1448.52</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) Justin Brasell</p> <p>Mailing Address 1086 Lawton Road</p> <p>City Park Hills State KY Zip Code 41011-1930</p> <p>Purpose of Disbursement General Consultant</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: B-E-77677</p> <p>Date of Disbursement 04 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</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) ▶

3036.18

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 60 / 70

<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)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Justin Brasell Mailing Address 1086 Lawton Road City Park Hills State KY Zip Code 41011-1930 Purpose of Disbursement General Consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-80742 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Joe L Green Mailing Address 1366 Cairns Court City Independence State KY Zip Code 41051-7833 Purpose of Disbursement Tax forms, software, and suppl Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-80725 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 8 Amount of Each Disbursement this Period 187.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.
C.	Full Name (Last, First, Middle Initial) Joe L Green Mailing Address 1366 Cairns Court City Independence State KY Zip Code 41051-7833 Purpose of Disbursement Administrative Support Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-80727 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8 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

SUBTOTAL of Disbursements This Page (optional) ▶	1937.61
TOTAL This Period (last page this line number only) ▶	(Empty box for total)

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)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Joe L Green Mailing Address 1366 Cairns Court City Independence State KY Zip Code 41051-7833 Purpose of Disbursement Administrative Support Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-80731 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	8	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	8		2	0	0	8														
250.00																							
B.	Full Name (Last, First, Middle Initial) Mr. Jeremy B Hughes Mailing Address 282 Rampart Court Apt. 87 City Fort Mitchell State KY Zip Code 41017-5600 Purpose of Disbursement Campaign Event: Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-77759 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>270.56</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8	270.56
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	0		2	0	0	8														
270.56																							
C.	Full Name (Last, First, Middle Initial) Mr. Jeremy B Hughes Mailing Address 282 Rampart Court Apt. 87 City Fort Mitchell State KY Zip Code 41017-5600 Purpose of Disbursement Administrative Support Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-80728 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1600.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	1		2	0	0	8	1600.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	1		2	0	0	8														
1600.00																							

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td>2120.56</td> </tr> </table>	2120.56
2120.56		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td> </td> </tr> </table>	

**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)
GEOFF DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Mr. Jeremy B Hughes <hr/> Mailing Address 282 Rampart Court Apt. 87 <hr/> City Fort Mitchell State KY Zip Code 41017-5600 <hr/> Purpose of Disbursement Administrative Support Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-80732 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Timothy R Rupli <hr/> Mailing Address 1301 Pennsylvania Avenue NW Suite 500 <hr/> City Washington State DC Zip Code 20004-1701 <hr/> Purpose of Disbursement Inkind: Catering Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-I-83411 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

1750.00

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

49001.27

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) 4th District Republican Party</p> <p>Mailing Address PO Box 188176</p> <p>City Erlanger State KY Zip Code 41018-8176</p> <p>Purpose of Disbursement Lincoln Day Dinner Tickets</p> <p>Candidate Name 4th District Republican Party</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: B-E-79982</p> <p>Date of Disbursement 04 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1350.00</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) Bachmann For Congress</p> <p>Mailing Address PO Box 25950</p> <p>City Woodbury State MN Zip Code 55125-0950</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Michele M Bachmann</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-79996</p> <p>Date of Disbursement 04 / 20 / 2008</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. Full Name (Last, First, Middle Initial) Committee To Re-Elect Vito Fossella</p> <p>Mailing Address 34 Dumont Avenue</p> <p>City Staten Island State NY Zip Code 10305-1450</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Vito J Fossella</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-79998</p> <p>Date of Disbursement 04 / 20 / 2008</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>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3350.00</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 type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Darren White For Congress	Transaction ID: B-E-80004 Date of Disbursement
	Mailing Address PO Box 16601	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City Albuquerque State NM Zip Code 87191-6601	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>
	Candidate Name Darren P White	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE	Transaction ID: B-E-80005 Date of Disbursement
	Mailing Address 111 C Street SE	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20003-1832	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="5000.00"/>
	Candidate Name FREEDOM PROJECT; THE	<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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen	Transaction ID: B-E-79997 Date of Disbursement
	Mailing Address PO Box 44369	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City Eden Prairie State MN Zip Code 55344-1369	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>
	Candidate Name Erik Paulsen	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
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 type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Friends Of Mike Sodrel</p> <p>Mailing Address 702 N Shore Drive Suite 500</p> <p>City Jeffersonville State IN Zip Code 47130-3104</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Mr. Michael E. Sodrel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-80027</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8</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. Full Name (Last, First, Middle Initial) Graves For Congress</p> <p>Mailing Address 2345 Grand Boulevard Suite 2400</p> <p>City Kansas City State MO Zip Code 64108-2642</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Samuel B Graves</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-80000</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 8</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. Full Name (Last, First, Middle Initial) Greg Davis For Congress</p> <p>Mailing Address 5779 Getwell Road Bldg. D1</p> <p>City Southaven State MS Zip Code 38672-6351</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Charles Gregory Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS 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: B-E-80025</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 8</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>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Keller For Congress <hr/> Mailing Address PO Box 1453 <hr/> City Orlando State FL Zip Code 32802-1453 <hr/> Purpose of Disbursement Political Contribution Candidate Name Richard A Keller <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-80002 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 8
	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
	Category/ Type 011

B. Full Name (Last, First, Middle Initial) Northup For Congress <hr/> Mailing Address PO Box 7913 <hr/> City Louisville State KY Zip Code 40257-0913 <hr/> Purpose of Disbursement Political Contribution Candidate Name Anne M Northup <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-79984 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	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
	Category/ Type 011

C. Full Name (Last, First, Middle Initial) NRCC <hr/> Mailing Address 320 1st Street SE <hr/> City Washington State DC Zip Code 20003-1838 <hr/> Purpose of Disbursement Political Contribution: Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-80006 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 30000.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	33000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Paul Broun Committee

Transaction ID: B-E-77682
Date of Disbursement

Mailing Address PO Box 7165

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	8

City Athens State GA Zip Code 30604-7165

Amount of Each Disbursement this Period

2300.00

Purpose of Disbursement
Political Contribution: Contribution

011
Category/
Type

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

Candidate Name
The Honora Paul Broun

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: GA District: 10

B.

Full Name (Last, First, Middle Initial)
People With Hart Inc

Transaction ID: B-E-79983
Date of Disbursement

Mailing Address PO Box 435

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

City Wexford State PA Zip Code 15090-0435

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Political Contribution

011
Category/
Type

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

Candidate Name
Melissa A Hart

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District: 04

C.

Full Name (Last, First, Middle Initial)
Sali For Congress

Transaction ID: B-E-79999
Date of Disbursement

Mailing Address PO Box 71

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	0	8

City Kuna State ID Zip Code 83634-0071

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution

011
Category/
Type

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

Candidate Name
Mr. William T. Sali

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: ID District: 01

SUBTOTAL of Disbursements This Page (optional)

5300.00

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 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)
GEOFF DAVIS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Schmidt For Congress Committee</p> <p>Mailing Address 771 Wards Corner Road</p> <p>City Loveland State OH Zip Code 45140-9049</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Jeannette H Schmidt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-80001</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 8</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. Full Name (Last, First, Middle Initial) Walberg For Congress</p> <p>Mailing Address 6769 Teachout Road</p> <p>City Tipton State MI Zip Code 49287-9807</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Timothy Walberg</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-80003</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 8</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. Full Name (Last, First, Middle Initial) Woody Jenkins For Congress</p> <p>Mailing Address 910 N Foster Drive</p> <p>City Baton Rouge State LA Zip Code 70806-1807</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Louis (Woody) Jenkins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-80026</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 8</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>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	54650.00

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
GEOFF DAVIS FOR CONGRESS

Transaction ID: SC/10-L10

LOAN SOURCE Full Name (Last, First, Middle Initial) Heritage Bank	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ P2008
Mailing Address 1818 Florence Pike	
City Burlington State KY ZIP Code 41005-7933	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
85400.00	0.00	85400.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 10 D D 09 Y Y Y Y 2007	10/9/2008	7.25 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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)	85400.00
TOTALS This Period (last page in this line only)	85400.00

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

Image# 29933097548

Form/Schedule: **F3A**
Transaction ID:

Duplicate entries consolidated.
