

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

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

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 04 2008 in the State of MN

5. Covering Period 10 16 2008 through 11 24 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 Lori M. Lillienberg

Signature of Treasurer Electronically Filed by Lori M. Lillienberg Date 12 04 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Brian Davis for Congress

Report Covering the Period:

From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

To: 

M	M
1	1

D	D
2	4

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)).....	87784.34	845772.19
(b) Total Contribution Refunds (from Line 20(d)).....	300.00	300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	87484.34	845472.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	219783.87	772304.35
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	219783.87	772304.35
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5871.60	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	7379.00	

**For further information contact:**

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

**POST-ELECTION DETAILED  
SUMMARY PAGE**  
Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Brian Davis for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of  <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date of general election)	M	M	1	1	D	D	0	4	Y	Y	Y	Y	2	0	0	8	COLUMN C Total for  <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>5</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date after general election)  through <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (last day of reporting period)	M	M	1	1	D	D	0	5	Y	Y	Y	Y	2	0	0	8	M	M	1	1	D	D	2	4	Y	Y	Y	Y	2	0	0	8
M	M																																																	
1	1																																																	
D	D																																																	
0	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
0	5																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
2	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
11. CONTRIBUTIONS (other than loans) FROM:																																																		
(a) Individuals/Persons Other than Political Committees																																																		
(i) Itemized (Use Schedule A)																																																		
57619.00	574508.00	600.00																																																
(ii) Unitemized																																																		
22112.34	119005.43	1005.00																																																
(iii) Total of contributions from individuals																																																		
79731.34	693513.43	1605.00																																																
(b) Political Party Committees																																																		
0.00	15000.00	0.00																																																
(c) Other Political Committees																																																		
7000.00	69800.00	0.00																																																

**POST-ELECTION DETAILED  
SUMMARY PAGE  
Report of Receipts and Disbursements**

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general Election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
1053.00	67458.76	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
87784.34	845772.19	1605.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	248000.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	248000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
6.00	35.98	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
87790.34	1093808.17	1605.00

POST ELECTION DETAILED SUMMARY PAGE

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Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Brian Davis for Congress

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
<b>17. OPERATING EXPENDITURES</b>		
219783.87	772304.35	68837.22
<b>18. TRANSFER TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN PAYMENTS</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
124000.00	124000.00	124000.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )		
124000.00	124000.00	124000.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

300.00	300.00	0.00
--------	--------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )

300.00	300.00	0.00
--------	--------	------

21. OTHER DISBURSEMENTS

0.00	100.00	0.00
------	--------	------

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

344083.87	896704.35	192837.22
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

87484.34	845472.19	1605.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

219783.87	772304.35	68837.22
-----------	-----------	----------

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD .....	262165.13
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	87790.34
25. SUBTOTAL(add Line 23 and Line 24) .....	349955.47
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	344083.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	5871.60

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 77</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Duane Alberts		Date of Receipt MM / DD / YYYY 10 / 30 / 2008		
	Mailing Address 26724 535th St.		Transaction ID: SA11AI.10635		
	City Pine Island	State MN	Zip Code 55963	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Self Employed	Occupation Farmer	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Election Cycle-to-Date ▼  
250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Marilyn Albrecht		Date of Receipt MM / DD / YYYY 10 / 24 / 2008		
	Mailing Address 30567 Lakeview Ave		Transaction ID: SA11AI.9793		
	City Red Wing	State MN	Zip Code 55066	Amount of Each Receipt this Period 1500.00	
	FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Red Wing Publishing Co.	Occupation Corp. Secretary	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Election Cycle-to-Date ▼  
3500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Douglas Anderson		Date of Receipt MM / DD / YYYY 10 / 19 / 2008		
	Mailing Address 211 Sunset Blvd.		Transaction ID: SA11AI.10683		
	City Mankato	State MN	Zip Code 56001	Amount of Each Receipt this Period 399.00	
	FEC ID number of contributing federal political committee. C		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Retired	Occupation Retired	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Election Cycle-to-Date ▼  
598.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2049.00
<b>TOTAL</b> 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 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Richard Arend

Mailing Address Po Box 574

City State Zip Code  
Rochester MN 55903

FEC ID number of contributing federal political committee. C

Name of Employer  
Self Employed

Occupation  
Business Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** SA11AI.10663

Amount of Each Receipt this Period  
250.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Roger Baer

Mailing Address 30271 County Road 109

City State Zip Code  
Lewiston MN 55952

FEC ID number of contributing federal political committee. C

Name of Employer  
Self

Occupation  
Farmer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
260.00

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

**Transaction ID:** SA11AI.10365

Amount of Each Receipt this Period  
35.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Scott T Baker

Mailing Address 5294 Anerlie Lane

City State Zip Code  
White Bear Lake MN 55110

FEC ID number of contributing federal political committee. C

Name of Employer  
Baker Aviation

Occupation  
Businessman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

**Transaction ID:** SA11AI.10665

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 535.00

**TOTAL** This Period (last page this line number only) .....



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 77
	<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)  
Brian Davis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Alan M Bentley	Date of Receipt MM / DD / YYYY 10 / 21 / 2008
	Mailing Address 2414 22nd St. NW	<b>Transaction ID:</b> SA11AI.10397
	City State Zip Code Rochester MN 55901	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer lbm Occupation Engineer	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Alan M Bentley	Date of Receipt MM / DD / YYYY 10 / 29 / 2008
	Mailing Address 2414 22nd St. NW	<b>Transaction ID:</b> SA11AI.10396
	City State Zip Code Rochester MN 55901	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer lbm Occupation Engineer	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00

<b>C.</b>	Full Name (Last, First, Middle Initial) James W Bissonett	Date of Receipt MM / DD / YYYY 10 / 21 / 2008
	Mailing Address 11081 Holland Circle	<b>Transaction ID:</b> SA11AI.10684
	City State Zip Code Eden Prairie MN 55347	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Monterey Benefits Occupation President	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> 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: <span style="float: right;">PAGE 10 / 77</span>
	(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)  
Brian Davis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Laurie E Blach</p> <p>Mailing Address 5815 Alton Rd</p> <p>City State Zip Code Miami Beach FL 33140</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Mt. Sinai Medical Center Physician</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">2800.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.10685</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	0	8												

<p><b>B.</b> Full Name (Last, First, Middle Initial) Debra M Blute</p> <p>Mailing Address 800 Courtney Ct SW</p> <p>City State Zip Code Rochester MN 55902</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Homemaker Homemaker</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">1500.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.10404</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">50.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	8												

<p><b>C.</b> Full Name (Last, First, Middle Initial) John L Brandt</p> <p>Mailing Address 2129 12th Ave. E</p> <p>City State Zip Code Hibbing MN 55746</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Retired Retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">230.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.10068</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">20.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">570.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**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 11 / 77
	<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)  
Brian Davis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) John W Brockman	Date of Receipt MM / DD / YYYY 10 / 25 / 2008
	Mailing Address 607 Tower Ct SE	<b>Transaction ID:</b> SA11AI.10686
	City State Zip Code Stewartville MN 55976	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<b>Contribution</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Rotab Corporation	Occupation Controller	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Alan J Cameron	Date of Receipt MM / DD / YYYY 10 / 18 / 2008
	Mailing Address 2727 Merrihills Dr SW	<b>Transaction ID:</b> SA11AI.10547
	City State Zip Code Rochester MN 55902	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<b>Contribution</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles R Claydon	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 20102 Firewood Way	<b>Transaction ID:</b> SA11AI.10667
	City State Zip Code Lawrenceburg IN 47025	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<b>Contribution</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Hsc Of Sei	Occupation Family Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	850.00
<b>TOTAL</b> 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 / 77  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Charles Cleveland

Mailing Address 1235 Yale Place Apt. 1302

City State Zip Code  
Minneapolis MN 55403

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

Name of Employer Occupation  
Fish Creek Ventures Investments

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.10553

Amount of Each Receipt this Period  
100.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Delores Cockroft

Mailing Address 3611 85th St Nw Trlr 218

City State Zip Code  
Oronoco MN 55960

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

Name of Employer Occupation  
Retired Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.10175

Amount of Each Receipt this Period  
25.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Delores Cockroft

Mailing Address 3611 85th St Nw Trlr 218

City State Zip Code  
Oronoco MN 55960

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

Name of Employer Occupation  
Retired Retired

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

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

Transaction ID: SA11AI.10411

Amount of Each Receipt this Period  
50.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **175.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 77  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Randy Demmer</p> <p>Mailing Address 502 2nd St. NE Box 47</p> <p>City State Zip Code <b>Hayfield MN 55940</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Employed</p> <p>Occupation Farmer</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">225.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 9 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.10182</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">25.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) John Doffing</p> <p>Mailing Address 316 Skyline Dr</p> <p>City State Zip Code <b>Wabasha MN 55981</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Start Inc.</p> <p>Occupation CEO</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">450.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 7 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.10554</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dorothy Erlandson</p> <p>Mailing Address 1706 Bay Oak Drive</p> <p>City State Zip Code <b>Albert Lea MN 56007</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Homemaker</p> <p>Occupation Homemaker</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">350.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 3 0 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.10416</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">175.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 14 / 77</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Brian Davis for Congress**

<b>A.</b>	Date of Receipt
Full Name (Last, First, Middle Initial) James E Fields	<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
Mailing Address 2923 S Coon Creek Dr	<b>Transaction ID:</b> SA11AI.10688
City State Zip Code Andover MN 55304	Amount of Each Receipt this Period <input type="text" value="500.00"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Contribution
Name of Employer Retired Occupation Retired	<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" value="500.00"/>

<b>B.</b>	Date of Receipt
Full Name (Last, First, Middle Initial) Sheldon Fleck	<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
Mailing Address 4611 Browndale Ave.	<b>Transaction ID:</b> SA11AI.9827
City State Zip Code Edina MN 55424	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Contribution
Name of Employer Self Employed Occupation Investor	<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" value="2000.00"/>

<b>C.</b>	Date of Receipt
Full Name (Last, First, Middle Initial) Brian Follett	<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
Mailing Address 8118 Galway Road	<b>Transaction ID:</b> SA11AI.10646
City State Zip Code Woodbury MN 55125	Amount of Each Receipt this Period <input type="text" value="200.00"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Contribution
Name of Employer Self Employed Occupation Consultant	<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" value="400.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1700.00"/>
<b>TOTAL</b> 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 15 / 77  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gregg Franklin</p> <p>Mailing Address 12700 Desert Sky Ave NE</p> <p>City State Zip Code  <u>Albuquerque</u> NM 87111</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation                  New Mexico Cancer Center Physician</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">550.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 4 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.10560</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Keith Furutani</p> <p>Mailing Address 109 High Meadow Lane SW</p> <p>City State Zip Code  <u>Rochester</u> MN 55902</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation                  Mayo Clinic Physicist/Radiation Oncology</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">350.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 3 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.10561</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Thomas Gaffey</p> <p>Mailing Address 1038 19th Ave NE</p> <p>City State Zip Code  <u>Rochester</u> MN 55906</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation                  Mayo Clinic Physician</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 3 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.10690</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">700.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 16 / 77  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.** Full Name (Last, First, Middle Initial)  
George Glotzbach

Mailing Address 907 Cottonwood St.

City State Zip Code  
New Ulm MN 56073

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) ▼

Amount of Each Receipt this Period 100.00

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

300.00

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

Mailing Address 5100 Mirror Lakes Drive

City State Zip Code  
Edina MN 55436

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

Name of Employer Split Rock Partners Occupation Finance

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

Amount of Each Receipt this Period 250.00

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

500.00

**C.** Full Name (Last, First, Middle Initial)  
Bruce Grachek

Mailing Address 2530 Tournament Players Cir. S.

City State Zip Code  
Blaine MN 55449

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

Name of Employer Hank's Specialties, Inc. Occupation Self-Employed

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

Amount of Each Receipt this Period 250.00

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

750.00

**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 17 / 77  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mark Gruss  
Mailing Address 4400 Valley Blvd N  
City State Zip Code  
Shakopee MN 55379  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Freemont Industries President  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 3300.00  
Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 8  
Transaction ID: SA11AI.9800  
Amount of Each Receipt this Period  
1000.00  
Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Leonard L Gunderson  
Mailing Address 9723 East Peak View Road  
City State Zip Code  
Scottsdale AZ 85262  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Mayo Clinic in Arizona Physician  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 450.00  
Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8  
Transaction ID: SA11AI.10670  
Amount of Each Receipt this Period  
250.00  
Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Gerald C Gustafson  
Mailing Address 11615 280th Ave  
City State Zip Code  
New Richmond MN 56072  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Usaf Retired  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 450.00  
Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8  
Transaction ID: SA11AI.10563  
Amount of Each Receipt this Period  
100.00  
Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 77
	<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)  
Brian Davis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Eugene Hansen		Date of Receipt
	Mailing Address 26396 Co Rd 12		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Rushford	MN	55971
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.10566
Name of Employer Self Employed		Occupation Farmer	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 250.00	Contribution
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Arlen D. Hanssen		Date of Receipt
	Mailing Address 208 Evergreen Dr NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 6 / 2 0 0 8
	City	State	Zip Code
	Rochester	MN	55906
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.9090
Name of Employer Mayo Clinic		Occupation Orthopedic Surgeon	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1500.00	Contribution
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Polly Hart		Date of Receipt
	Mailing Address 53 Peninsula Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Dellwood	MN	55110
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.9776
Name of Employer Homemaker		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
		<input type="text"/> 2300.00	Contribution
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3400.00
<b>TOTAL</b> 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 19 / 77
	<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)  
Brian Davis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) William Hartsell		Date of Receipt MM / DD / YYYY 10 / 28 / 2008
	Mailing Address 704 S. Washington St.		Transaction ID: SA11AI.10691
	City Hinsdale	State IL	Zip Code 60521
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Radiation Oncology Consultants, Ltd	Occupation Physician	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Donald Haubrich		Date of Receipt MM / DD / YYYY 10 / 18 / 2008
	Mailing Address 866 130th Ave		Transaction ID: SA11AI.10429
	City Pipestone	State MN	Zip Code 56164
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Retired	Occupation Retired	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Vernon H. Heath		Date of Receipt MM / DD / YYYY 11 / 01 / 2008
	Mailing Address 7900 Xerxes Ave		Transaction ID: SA11AI.9841
	City Bloomington	State MN	Zip Code 55431
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Rosemont Office Sys.	Occupation CEO	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1550.00
<b>TOTAL</b> 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 20 / 77
	<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)  
Brian Davis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) David D Hebrink		Date of Receipt MM / DD / YYYY 10 / 24 / 2008
	Mailing Address 1923 Viking Dr. NW apt 34		Transaction ID: SA11AI.10432
	City Rochester	State MN	Zip Code 55901
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Retired	Occupation Retired	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.00
---	------------------------------------

<b>B.</b>	Full Name (Last, First, Middle Initial) Ryan Henrichsen		Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 806 Frederichs Dr NW		Transaction ID: SA11AI.10692
	City Rochester	State MN	Zip Code 55901
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Dentist	Contribution <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 ▼ 800.00
---	------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) John H Hinderaker		Date of Receipt MM / DD / YYYY 10 / 18 / 2008
	Mailing Address 12738 Foliage CT		Transaction ID: SA11AI.10649
	City Apple Valley	State MN	Zip Code 55124
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Self Employed	Occupation Lawyer	Contribution <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 ▼ 500.00
---	------------------------------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> 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 / 77  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Roy H Hinman  
Mailing Address 100 Arricola ave  
City St. Augustine State FL Zip Code 32080  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Island Doctors Occupation Physician  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt 10 / 16 / 2008  
Transaction ID: SA11AI.9086  
Amount of Each Receipt this Period 1000.00  
Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Roy H Hinman  
Mailing Address 100 Arricola ave  
City St. Augustine State FL Zip Code 32080  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Island Doctors Occupation Physician  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00  
Date of Receipt 11 / 01 / 2008  
Transaction ID: SA11AI.10694  
Amount of Each Receipt this Period 500.00  
Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Tom Hoehn  
Mailing Address 1213 N 7th St  
City Mankato State MN Zip Code 56001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hoehn Drainage and Excavating Occupation Owner  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt 10 / 17 / 2008  
Transaction ID: SA11AI.10570  
Amount of Each Receipt this Period 100.00  
Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00  
**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 / 77  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Cassandra J Holmstrom  
Mailing Address 8440 Bradford Court  
City Inver Grove Height State MN Zip Code 55076  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hennepin County Occupation Administrative Assistant  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 488.00  
Date of Receipt 10 / 27 / 2008  
Transaction ID: SA11AI.10437  
Amount of Each Receipt this Period 50.00  
Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Robert A. Hovde  
Mailing Address 32546 742nd Ave  
City South Haven State MN Zip Code 55382  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rosen Diversified Occupation CFO  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt 10 / 27 / 2008  
Transaction ID: SA11AI.9810  
Amount of Each Receipt this Period 1000.00  
Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ebenezer K Howe  
Mailing Address 65295 220th St  
City Alden State MN Zip Code 56009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kerry Inc. Occupation Maintenance  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 750.00  
Date of Receipt 10 / 30 / 2008  
Transaction ID: SA11AI.10652  
Amount of Each Receipt this Period 200.00  
Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 77
	(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)  
Brian Davis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert W. Hubbard		Date of Receipt
	Mailing Address 16730 4th St So.		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lakeland	MN	55043
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HBI		Occupation Executive	Transaction ID: SA11AI.9812
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		<input type="text" value="1500.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="1500.00"/>	Contribution
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) William Johnson		Date of Receipt
	Mailing Address 7 Grieve Glen Lane		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sunfish Lake	MN	55118
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Campbell Mithun		Occupation Writer	Transaction ID: SA11AI.10578
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		<input type="text" value="100.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="300.00"/>	Contribution
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian Jongekryg		Date of Receipt
	Mailing Address 4225 Arbor Lane NW		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Rochester	MN	55901
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Ibm Corp		Occupation Programmer	Transaction ID: SA11AI.10579
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		<input type="text" value="100.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="250.00"/>	Contribution
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1700.00"/>
<b>TOTAL</b> 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 24 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Larry W Karkela

Mailing Address 4004 Lawndale Lane N

City Plymouth State MN Zip Code 55446

FEC ID number of contributing federal political committee. C

Name of Employer Karkela Construction Occupation Founder

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

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

**Transaction ID:** SA11AI.10580

Amount of Each Receipt this Period 100.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Bruce Kaskubar

Mailing Address 5905 Chateau Rd NW

City Rochester State MN Zip Code 55901

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation IT Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 620.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 8

**Transaction ID:** SA11AI.10581

Amount of Each Receipt this Period 100.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Robin Kelleher

Mailing Address 800 Bluebill Bay Road

City Burnsville State MN Zip Code 55306

FEC ID number of contributing federal political committee. C

Name of Employer Seaton, Beck & Peters Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 8

**Transaction ID:** SA11AI.10671

Amount of Each Receipt this Period 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 450.00

**TOTAL** This Period (last page this line number only) .....



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Martin Kellogg

Mailing Address 339 Mt. Curve Blvd

City State Zip Code  
St. Paul MN 55105

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Ufe Inc. President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2008

**Transaction ID:** SA11AI.9773

Amount of Each Receipt this Period  
2000.00

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

**B.**

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

Mailing Address 3720 IDS Center 80 S 8th St.

City State Zip Code  
Minneapolis MN 55402

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Kelly & Berens P.A. Attorney/Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2800.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2008

**Transaction ID:** SA11AI.9085

Amount of Each Receipt this Period  
1300.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Clifford M Koltes

Mailing Address 375 Cheyenne Trail

City State Zip Code  
Wayzata MN 55391

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2008

**Transaction ID:** SA11AI.10655

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 3500.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 77  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Joseph Kotso

Mailing Address 900 Rodge Road

City Munster State IN Zip Code 46321

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

Name of Employer Sun Realty Company Occupation Owner

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 10 / 26 / 2008  
**Transaction ID:** SA11AI.10695  
 Amount of Each Receipt this Period 500.00  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 8847 River Hollow Dr

City Cordova State TN Zip Code 38016

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

Name of Employer St Jude Children's Research Hospital Occupation Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt 10 / 29 / 2008  
**Transaction ID:** SA11AI.10656  
 Amount of Each Receipt this Period 200.00  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
William E Krauss

Mailing Address 2363 Transit Court SW

City Rochester State MN Zip Code 55902

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

Name of Employer Mayo Foundation Occupation Surgeon

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2008  
**Transaction ID:** SA11AI.10582  
 Amount of Each Receipt this Period 100.00  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **800.00**

**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 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Bob Larson

Mailing Address 18420 Highpath Lane

City State Zip Code  
Minnetonka MN 55345

FEC ID number of contributing federal political committee. C

Name of Employer  
Self Employed

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  
10 / 16 / 2008

**Transaction ID:** SA11AI.10583

Amount of Each Receipt this Period  
100.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Bruce Lawin

Mailing Address 1263 12th Ave NW

City State Zip Code  
St. Paul MN 55112

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2008

**Transaction ID:** SA11AI.10584

Amount of Each Receipt this Period  
100.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Simon S Lo

Mailing Address 4230 Shelbourne Lane

City State Zip Code  
Columbus OH 43220

FEC ID number of contributing federal political committee. C

Name of Employer  
Ohio State University

Occupation  
Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 26 / 2008

**Transaction ID:** SA11AI.10672

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 450.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.**

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

Mailing Address 3200 West Calhoun Parkway

City State Zip Code  
Minneapolis MN 55416

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

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

Date of Receipt MM / DD / YYYY  
11 / 05 / 2008

**Transaction ID:** SA11AI.10696

Amount of Each Receipt this Period 500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Paul F Mackin

Mailing Address 1401 Woodland Drive SW

City State Zip Code  
Rochester MN 55902

FEC ID number of contributing federal political committee. C

Name of Employer Think Mutual Bank Occupation Banking

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt MM / DD / YYYY  
10 / 25 / 2008

**Transaction ID:** SA11AI.10697

Amount of Each Receipt this Period 500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Elizabeth S Macmillan

Mailing Address 1560 Fox Street

City State Zip Code  
Wayzata MN 55391

FEC ID number of contributing federal political committee. C

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4600.00

Date of Receipt MM / DD / YYYY  
10 / 23 / 2008

**Transaction ID:** SA11AI.9792

Amount of Each Receipt this Period 1850.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 2850.00

**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 / 77  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Steven Matasovsky  
Mailing Address 75718 480th Ave.  
City Jackson State MN Zip Code 56143  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 10 / 20 / 2008  
Transaction ID: SA11AI.10590  
Amount of Each Receipt this Period: 100.00  
Contribution:  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Name of Employer Information Requested: Occupation Information Requested  
Receipt For: 2008  
 Primary  General  Other (specify) ▼  
Election Cycle-to-Date ▼: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mary Lou Mathiowetz  
Mailing Address 30817 County Road 24  
City Sleepy Eye State MN Zip Code 56085  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 10 / 24 / 2008  
Transaction ID: SA11AI.10519  
Amount of Each Receipt this Period: 55.00  
Contribution:  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Name of Employer Retired: Occupation Retired  
Receipt For: 2008  
 Primary  General  Other (specify) ▼  
Election Cycle-to-Date ▼: 210.00

**C.** Full Name (Last, First, Middle Initial)  
Steven C Mathy  
Mailing Address N. 2104 Valley Road  
City La Crosse State WI Zip Code 54601  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 10 / 29 / 2008  
Transaction ID: SA11AI.9825  
Amount of Each Receipt this Period: 1000.00  
Contribution:  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Name of Employer Mathy Construction: Occupation VP  
Receipt For: 2008  
 Primary  General  Other (specify) ▼  
Election Cycle-to-Date ▼: 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1155.00**

**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 / 77  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Charles McDonald</p> <p>Mailing Address 12445 Wedgewood PI NW</p> <p>City State Zip Code Minneapolis MN 55433</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">700.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 1 7 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.10591</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Robert H McLaren</p> <p>Mailing Address 1100 Orchard Acres Ln SW</p> <p>City State Zip Code Rochester MN 55902</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Mayo Clinic      Occupation Physician</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">599.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 7 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.10592</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Mark P McLaughlin</p> <p>Mailing Address 3375 Spring Hill Parkway # 1543</p> <p>City State Zip Code Smyrna GA 30060</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer North Georgia Radiation Therapy      Occupation Physician</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 1 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.10456</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 77  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ruby F Meredith

Mailing Address Univ of AL-MC, Dept of Rad.Onc.  
619 S 19th St

City State Zip Code  
Birmingham AL 35233

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

Name of Employer Univ. of Alabama Med. Center  
Occupation Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: SA11AI.10657

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ernest Micek

Mailing Address 30850 Old Mill Rd.

City State Zip Code  
La Crescent MN 55947

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 ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.10680

Amount of Each Receipt this Period  
300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Truxtun Morrison

Mailing Address 1525 Hunter Dr.

City State Zip Code  
Wayzata MN 55391

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

Name of Employer Retired  
Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.9826

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 77  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Janet S. Mueller  
Mailing Address 417 N 3rd St  
City St Peter State MN Zip Code 56082  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Leseuer Inc. Occupation Owner  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 10 / 30 / 2008  
Transaction ID: SA11AI.9836  
Amount of Each Receipt this Period 1000.00  
Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
George Munson  
Mailing Address 19896 Cty Rd 6  
City Hanska State MN Zip Code 56041  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Farmer  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 10 / 16 / 2008  
Transaction ID: SA11AI.10593  
Amount of Each Receipt this Period 100.00  
Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
H. Bryan Neel  
Mailing Address 828 8th St SW  
City Rochester State MN Zip Code 55902  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Olmsted Medical Group Occupation IVN Physician - Retired  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 10 / 24 / 2008  
Transaction ID: SA11AI.10373  
Amount of Each Receipt this Period 35.00  
Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1135.00  
**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 / 77  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

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

Mailing Address 828 8th St SW

City State Zip Code  
Rochester MN 55902

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Olmsted Medical Group IVN Physician - Retired

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

Date of Receipt  

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

Transaction ID: SA11AI.10352

Amount of Each Receipt this Period  

	30.00
--	-------

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

765.00

**B.** Full Name (Last, First, Middle Initial)  
Mohamed A Nouri

Mailing Address 1920 S 1st St Apt 1001

City State Zip Code  
Minneapolis MN 55454

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Amex Manager

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

Date of Receipt  

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

Transaction ID: SA11AI.10706

Amount of Each Receipt this Period  

	600.00
--	--------

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

4600.00

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

Mailing Address 3501 Norkota Court

City State Zip Code  
Grand Forks ND 58201

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Cancer Center of North Dakota Physician

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

Date of Receipt  

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

Transaction ID: SA11AI.9765

Amount of Each Receipt this Period  

	1000.00
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Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

1700.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1630.00

**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 34 / 77
	<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)  
Brian Davis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Joel Oberstar	Date of Receipt MM / DD / YYYY 10 / 21 / 2008
	Mailing Address 1260 St. Clair Ave	<b>Transaction ID:</b> SA11AI.10698
	City State Zip Code Saint Paul MN 55105	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation University of Minnesota Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Winifred F Oetjen	Date of Receipt MM / DD / YYYY 10 / 25 / 2008
	Mailing Address 1201 Garfield Ave #214	<b>Transaction ID:</b> SA11AI.10523
	City State Zip Code Albert Lea MN 56007	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Retired Retired	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 205.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Winifred F Oetjen	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 1201 Garfield Ave #214	<b>Transaction ID:</b> SA11AI.10522
	City State Zip Code Albert Lea MN 56007	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Retired Retired	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	610.00
<b>TOTAL</b> 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 / 77  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Donald G. Oren</p> <p>Mailing Address 3105 Sandy Hook Dr</p> <p>City State Zip Code Roseville MN 55113</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Dart Transit Company President</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 3 0 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.9835</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Larry Orth</p> <p>Mailing Address 4609 Windslow Lane NW</p> <p>City State Zip Code Rochester MN 55901</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Calvary Free Evangel. Church Pastor</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 4 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.10466</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Larry Orth</p> <p>Mailing Address 4609 Windslow Lane NW</p> <p>City State Zip Code Rochester MN 55901</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Calvary Free Evangel. Church Pastor</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">600.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 9 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.10600</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1150.00</span>
<b>TOTAL</b> 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 36 / 77
	<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)  
Brian Davis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul Overgaard		Date of Receipt
	Mailing Address 1728 Bay Oaks Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Albert Lea	MN	56007
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.10525
		Amount of Each Receipt this Period	<input type="text"/> 60.00
Name of Employer Retired		Occupation Retired	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 235.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul Overgaard		Date of Receipt
	Mailing Address 1728 Bay Oaks Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Albert Lea	MN	56007
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.10601
		Amount of Each Receipt this Period	<input type="text"/> 100.00
Name of Employer Retired		Occupation Retired	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 335.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael A Papagikos		Date of Receipt
	Mailing Address 3607 St. Francis Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 6 / 2 0 0 8
	City	State	Zip Code
	Wilmington	NC	28409
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.10467
		Amount of Each Receipt this Period	<input type="text"/> 50.00
Name of Employer New Hanover Radiation Oncology		Occupation Physician	Contribution <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 type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 300.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 210.00
<b>TOTAL</b> 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 37 / 77  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Harold Payne</p> <p>Mailing Address 211 2nd St NW Apt 2011</p> <p>City State Zip Code Rochester MN 55901</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">220.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 1 7 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.10602</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Sharon Penz</p> <p>Mailing Address 1442 Salem Ln SW</p> <p>City State Zip Code Rochester MN 55902</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1450.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 8 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.10603</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Steven L Perkins</p> <p>Mailing Address 212 Cashin Drive</p> <p>City State Zip Code Luverne MN 56156</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self      Occupation Semi-Retired/Consultant</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 6 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.10604</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">300.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 77

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Donald O Peterson

Mailing Address 1460 Gilmore Valley Rd

City State Zip Code  
Winona MN 55987

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 ▼ 350.00

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

**Transaction ID:** SA11AI.10473

Amount of Each Receipt this Period 50.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Donald O Peterson

Mailing Address 1460 Gilmore Valley Rd

City State Zip Code  
Winona MN 55987

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 ▼ 425.00

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

**Transaction ID:** SA11AI.10531

Amount of Each Receipt this Period 75.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Donald O Peterson

Mailing Address 1460 Gilmore Valley Rd

City State Zip Code  
Winona MN 55987

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 ▼ 525.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.10605

Amount of Each Receipt this Period 100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 225.00

**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 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Aaron M. Radke

Mailing Address 2322 White Oak Ct

City Hudson State WI Zip Code 54016

FEC ID number of contributing federal political committee. C

Name of Employer Johnstone Supply Occupation Sales

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

**Transaction ID:** SA11AI.9785

Amount of Each Receipt this Period 2300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Jessica A. Radke

Mailing Address 2322 White Oak Ct

City Hudson State WI Zip Code 54016

FEC ID number of contributing federal political committee. C

Name of Employer S Washington County Schools Occupation Teacher

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

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

**Transaction ID:** SA11AI.9783

Amount of Each Receipt this Period 2300.00

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

**C.**

Full Name (Last, First, Middle Initial)  
William R Reed, Jr

Mailing Address 2136 Deer Run

City Tupelo State MS Zip Code 38804

FEC ID number of contributing federal political committee. C

Name of Employer Radiation Oncologists of North Mississ Occupation Radiation Oncologist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

**Transaction ID:** SA11AI.10682

Amount of Each Receipt this Period 300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 4900.00

**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 40 / 77  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mary Ann Remick  
Mailing Address 3232 Fox Hollow CT SW  
City Rochester State MN Zip Code 55902  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Homemaker  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4000.00  
Date of Receipt 10 / 21 / 2008  
Transaction ID: SA11AI.9772  
Amount of Each Receipt this Period 2000.00  
Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
John R Russell  
Mailing Address 6408 Canebrake Rd  
City Mobile State AL Zip Code 36695  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Cancer Center of S. Alabama Occupation Physician  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt 10 / 23 / 2008  
Transaction ID: SA11AI.10699  
Amount of Each Receipt this Period 500.00  
Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Marvin D Rylander  
Mailing Address 2710 Riverside Lane NE  
City Rochester State MN Zip Code 55906  
FEC ID number of contributing federal political committee. **C**  
Name of Employer lbm Occupation Retired  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 335.00  
Date of Receipt 10 / 17 / 2008  
Transaction ID: SA11AI.10376  
Amount of Each Receipt this Period 35.00  
Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2535.00  
**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 41 / 77
	<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)  
Brian Davis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) H. Verdell Sandmark	Date of Receipt MM / DD / YYYY 10 / 27 / 2008
	Mailing Address P.o. Box 512	<b>Transaction ID:</b> SA11AI.10385
	City State Zip Code Albert Lea MN 56007	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Helen H Sather	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address P.o. Box 74 30116 State Highway 26	<b>Transaction ID:</b> SA11AI.10674
	City State Zip Code Round Lake MN 56167	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Duane Saunders	Date of Receipt MM / DD / YYYY 10 / 21 / 2008
	Mailing Address 9901 Riverview Road	<b>Transaction ID:</b> SA11AI.10675
	City State Zip Code Eden Prairie MN 55347	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Physical Therapist	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>540.00</b>
<b>TOTAL</b> 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 42 / 77  
 (check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Brandon L Sawalich

Mailing Address 6425 Beach Rd 6700 Washington Ave.

City State Zip Code  
Eden Prairie MN 55344

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

Name of Employer Occupation  
Starkey Labs VP Sales & Marketing

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.10700

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Bron J Scherer

Mailing Address 617 Turnberry Ct.

City State Zip Code  
Northfield MN 55057

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

Name of Employer Occupation  
Self Employed Farmer/CPA

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

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

Transaction ID: SA11AI.10612

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Alexander Schirger

Mailing Address 3805 Meadow Ridge Dr. S.W.

City State Zip Code  
Rochester MN 55902

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

Name of Employer Occupation  
Retired Retired

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

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

Transaction ID: SA11AI.10632

Amount of Each Receipt this Period  
110.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **710.00**

**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 43 / 77
	<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)  
Brian Davis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Christopher J Schultz		Date of Receipt
	Mailing Address 3850 Charter Point Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Brookfield	WI	53045
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.10613
Name of Employer Medical College of Wisconsin		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 1350.00	Contribution
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Randy E Schwandt		Date of Receipt
	Mailing Address 101 8th Ave. NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Kasson	MN	55944
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.10614
Name of Employer Mayo Clinic		Occupation Software Engineer	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 400.00	Contribution
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Douglas P Seaton		Date of Receipt
	Mailing Address 7301 Ohms Lane #320		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Edina	MN	55439
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.9824
Name of Employer Seaton, Beck & Peters		Occupation Attorney/Partner	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 3300.00	Contribution
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1200.00
<b>TOTAL</b> 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 44 / 77
	<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)  
Brian Davis for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) James E. Senske Mailing Address 18467 Bearpath Trail		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8 <b>Transaction ID:</b> SA11AI.9803
City State Zip Code Eden Prairie MN 55347		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Commerce Bank	Occupation Business Owner	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) William Spell Mailing Address 4706 White Oaks Road		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8 <b>Transaction ID:</b> SA11AI.9822
City State Zip Code Edina MN 55424		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Spell Capitol Partners	Occupation Private Equity	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Alan D Spriggs Mailing Address 8801 Penn Ave. S.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 8 <b>Transaction ID:</b> SA11AI.10676
City State Zip Code Bloomington MN 55431		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2750.00
<b>TOTAL</b> 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 45 / 77  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Stoffel

Mailing Address Trinity Medical Center - Dept. of

City Moline State IL Zip Code 61265

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

Name of Employer Genesis Medical Center Occupation Radiation Oncologist

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 10 / 26 / 2008  
**Transaction ID:** SA11AI.10658  
 Amount of Each Receipt this Period 200.00  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Michael A Stutz

Mailing Address 633 Thatcher Avenue

City River Forest State IL Zip Code 60305

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

Name of Employer Associated Radiologists Occupation Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2008  
**Transaction ID:** SA11AI.10701  
 Amount of Each Receipt this Period 500.00  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Thomas E Sween

Mailing Address 4270 Chimo E St

City Wayzata State MN Zip Code 55391

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

Name of Employer E.A. Sween Company Occupation Executive

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2008  
**Transaction ID:** SA11AI.10677  
 Amount of Each Receipt this Period 250.00  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 77  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Janice. M. Sweere</p> <p>Mailing Address 5637 Woodlawn Blvd</p> <p>City State Zip Code Minneapolis MN 55417</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Ergotron, Inc. Business Owner</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 1 6 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.9088</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Robert E Tetzloff</p> <p>Mailing Address 5775 Wayzata Blvd. Suite #700</p> <p>City State Zip Code Minneapolis MN 55416</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Tetzloff and Holloway CPA</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">1595.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 3 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.10705</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">535.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Conrad O Thompson</p> <p>Mailing Address 901 17th St. NE</p> <p>City State Zip Code Rochester MN 55906</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Pharmaceutical Specialties, Inc. Business Executive</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">1400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 9 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.9823</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2535.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 77

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Conrad O Thompson</p> <p>Mailing Address 901 17th St. NE</p> <hr/> <p>City State Zip Code Rochester MN 55906</p> <hr/> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">                     Name of Employer Pharmaceutical Specialties, Inc.                      Receipt For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼                 </td> <td style="width: 40%;">                     Occupation Business Executive                      Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1475.00</span> </td> </tr> </table>	Name of Employer Pharmaceutical Specialties, Inc. Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Business Executive Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1475.00</span>	<p>Date of Receipt  <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 2 9 / 2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.10534</p> <hr/> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">75.00</span> </p> <hr/> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)                 </p>	M M / D D / Y Y Y Y	1 0 / 2 9 / 2 0 0 8
Name of Employer Pharmaceutical Specialties, Inc. Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Business Executive Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1475.00</span>				
M M / D D / Y Y Y Y					
1 0 / 2 9 / 2 0 0 8					

<p><b>B.</b> Full Name (Last, First, Middle Initial) James F Van Houten</p> <p>Mailing Address 3832 W Calhoun Pkwy</p> <hr/> <p>City State Zip Code Minneapolis MN 55410</p> <hr/> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">                     Name of Employer Mnscu                      Receipt For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼                 </td> <td style="width: 40%;">                     Occupation Trustee                      Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span> </td> </tr> </table>	Name of Employer Mnscu Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Trustee Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span>	<p>Date of Receipt  <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 1 8 / 2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.10703</p> <hr/> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span> </p> <hr/> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)                 </p>	M M / D D / Y Y Y Y	1 0 / 1 8 / 2 0 0 8
Name of Employer Mnscu Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Trustee Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span>				
M M / D D / Y Y Y Y					
1 0 / 1 8 / 2 0 0 8					

<p><b>C.</b> Full Name (Last, First, Middle Initial) Jeff Verdoorn</p> <p>Mailing Address 8722 Big Woods Ln</p> <hr/> <p>City State Zip Code Eden Prairie MN 55347</p> <hr/> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">                     Name of Employer Holland Capital Group                      Receipt For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼                 </td> <td style="width: 40%;">                     Occupation President                      Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">4500.00</span> </td> </tr> </table>	Name of Employer Holland Capital Group Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">4500.00</span>	<p>Date of Receipt  <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 2 1 / 2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.9764</p> <hr/> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">2000.00</span> </p> <hr/> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)                 </p>	M M / D D / Y Y Y Y	1 0 / 2 1 / 2 0 0 8
Name of Employer Holland Capital Group Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">4500.00</span>				
M M / D D / Y Y Y Y					
1 0 / 2 1 / 2 0 0 8					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2575.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# 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 48 / 77
	<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)  
Brian Davis for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Allen Vis Mailing Address 103 E Central Ave City Edgerton State MN Zip Code 56128 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8 <b>Transaction ID:</b> SA11AI.10503 Amount of Each Receipt this Period 50.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation Retired Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 325.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Allen Vis Mailing Address 103 E Central Ave City Edgerton State MN Zip Code 56128 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 8 <b>Transaction ID:</b> SA11AI.10711 Amount of Each Receipt this Period 100.00 Contribution - Debt Retirement <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation Retired Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 100.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Joseph Weis Mailing Address Po Box 6757 City Rochester State MN Zip Code 55903 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8 <b>Transaction ID:</b> SA11AI.10678 Amount of Each Receipt this Period 250.00 Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Weis Builders Occupation Owner Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> 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 49 / 77
	<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)  
 Brian Davis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Timothy R. Williams	Date of Receipt MM / DD / YYYY 10 / 24 / 2008
	Mailing Address 1599 NW 9th Ct Ste 201	<b>Transaction ID:</b> SA11AI.9788
	City State Zip Code Boca Raton FL 33486	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Karen Woo	Date of Receipt MM / DD / YYYY 10 / 26 / 2008
	Mailing Address 2235 W 111th St	<b>Transaction ID:</b> SA11AI.9801
	City State Zip Code Jenks OK 74037	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carol Yenter	Date of Receipt MM / DD / YYYY 10 / 21 / 2008
	Mailing Address 301 Freeman St NW	<b>Transaction ID:</b> SA11AI.10524
	City State Zip Code Preston MN 55965	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2055.00
<b>TOTAL</b> 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 50 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Leslie T Yonemoto

Mailing Address 2002 Canyon View Lane

City State Zip Code  
Redlands CA 92373

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
PCCA LLC Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2008

**Transaction ID:** SA11AI.10624

Amount of Each Receipt this Period  
100.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Jerry Zenke

Mailing Address 42846 Cty Rd 12

City State Zip Code  
Dakota MN 55925

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Jerry Zenke Agency Insurance Agent

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2008

**Transaction ID:** SA11AI.10626

Amount of Each Receipt this Period  
100.00

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

**C.**

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

Mailing Address 120 East 29th Street Apt. 1F

City State Zip Code  
New York NY 10016

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
ARC Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2008

**Transaction ID:** SA11AI.10704

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">700.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;">57619.00</span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 77  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

**A.** Full Name (Last, First, Middle Initial)  
KLINE FOR CONGRESS

Mailing Address 101 W Burnsville Pkwy Suite 104  
Suite 104

City Burnsville State MN Zip Code 55337

FEC ID number of contributing federal political committee. **C** C00326629

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 25 / 2008  
**Transaction ID:** SA11C.9797

Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL FEDERATION OF INDEPENDENT BUSINESS/ SAVE AMERICAS FREE ENTERPRISE TRUST

Mailing Address 1201 F Street N.W.  
Suite 200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 10 / 27 / 2008  
**Transaction ID:** SA11C.9814

Amount of Each Receipt this Period 5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL PRO-LIFE ALLIANCE PAC

Mailing Address 4521 Windsor Arms Ct

City Annandale State VA Zip Code 22003

FEC ID number of contributing federal political committee. **C** C00358051

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2008  
**Transaction ID:** SA11C.9816

Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00

**TOTAL** This Period (last page this line number only) ..... ► 7000.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 77
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 11d
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
 Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial) Brian James Davis		Date of Receipt <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	4	/	2	0	0	8													
Mailing Address 839 Amber Ridge Ln SW		<b>Transaction ID:</b> SA11D.10708																				
City Rochester	State MN	Zip Code 55902																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1053.00																				
Name of Employer Mayo Clinic	Occupation Physician	In-kind - Mileage Expense																				
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 315458.76	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1053.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1053.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Adamson Motors</p> <p>Mailing Address 4800 Highway 52 N</p> <p>City Rochester State MN Zip Code 55901</p> <p>Purpose of Disbursement Vehicle Lease 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9890</p> <p>Date of Disbursement 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 639.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address 10790 Parkridge Blvd Suite 100</p> <p>City Reston State VA Zip Code 20191</p> <p>Purpose of Disbursement Phone 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9859</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 196.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address Glenridge Highlands Two</p> <p>City Atlanta State GA Zip Code 30342</p> <p>Purpose of Disbursement Phone 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9849</p> <p>Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 154.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>989.58</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Doug Baker</p> <p>Mailing Address 103 Kenilworth Ave N</p> <p>City Lanesboro State MN Zip Code 55949</p> <p>Purpose of Disbursement Reimbursement: Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9880</p> <p>Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 586.26</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Doug Baker</p> <p>Mailing Address 103 Kenilworth Ave N</p> <p>City Lanesboro State MN Zip Code 55949</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9907</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1684.43</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Doug Baker</p> <p>Mailing Address 103 Kenilworth Ave N</p> <p>City Lanesboro State MN Zip Code 55949</p> <p>Purpose of Disbursement Reimbursement: Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9887</p> <p>Date of Disbursement 11 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 375.75</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) ..... ▶

2646.44

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Doug Baker Mailing Address 103 Kenilworth Ave N City Lanesboro State MN Zip Code 55949 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.9910 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 8	Amount of Each Disbursement this Period 430.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Bellwether Consulting Group Mailing Address 666 11th St NW Ste 800 City Washington State DC Zip Code 20001 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.10714 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 8	Amount of Each Disbursement this Period 2118.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Bellwether Consulting Group Mailing Address 666 11th St NW Ste 800 City Washington State DC Zip Code 20001 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.10735 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 8	Amount of Each Disbursement this Period 5250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7799.29</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)  
Charles Buhr

Mailing Address 210 2nd Ave NW Apt 7

City Stewartville State MN Zip Code 55976

Purpose of Disbursement

Reimbursement: Mileage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.9898

Date of Disbursement

11 / 15 / 2008

Amount of Each Disbursement this Period

250.00

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

B.

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

Mailing Address 839 Amber Ridge Ln SW

City Rochester State MN Zip Code 55902

Purpose of Disbursement

In-kind - Mileage Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  Primary  General  
 Other (specify) ▼

State: MN District: 01

Transaction ID: SB17.10709

Date of Disbursement

11 / 04 / 2008

Amount of Each Disbursement this Period

1053.00

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

C.

Full Name (Last, First, Middle Initial)  
Andrew Eilers

Mailing Address 405 N 5th St Apt #420

City Mankato State MN Zip Code 56001

Purpose of Disbursement

Reimbursement: Mileage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.9884

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

766.25

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

SUBTOTAL of Disbursements This Page (optional) .....

2069.25

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) Andrew Eilers	Transaction ID: SB17.9908 Date of Disbursement 10 / 31 / 2008
	Mailing Address 405 N 5th St Apt #420	Amount of Each Disbursement this Period 1929.15
	City Mankato State MN Zip Code 56001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Andrew Eilers	Transaction ID: SB17.9886 Date of Disbursement 11 / 07 / 2008
	Mailing Address 405 N 5th St Apt #420	Amount of Each Disbursement this Period 614.50
	City Mankato State MN Zip Code 56001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement: Mileage	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Andrew Eilers	Transaction ID: SB17.10722 Date of Disbursement 11 / 08 / 2008
	Mailing Address 405 N 5th St Apt #420	Amount of Each Disbursement this Period 524.46
	City Mankato State MN Zip Code 56001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3068.11</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Elcor Corporation</p> <p>Mailing Address 3552 NW River Pkwy</p> <p>City Rochester State MN Zip Code 55901</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10718</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Elcor Corporation</p> <p>Mailing Address 3552 NW River Pkwy</p> <p>City Rochester State MN Zip Code 55901</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10719</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Elcor Corporation</p> <p>Mailing Address 3552 NW River Pkwy</p> <p>City Rochester State MN Zip Code 55901</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10720</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></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) ..... ▶

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) Elcor Corporation <hr/> Mailing Address 3552 NW River Pkwy <hr/> City Rochester State MN Zip Code 55901 <hr/> Purpose of Disbursement Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.10721 Date of Disbursement 11 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) FLS Connect <hr/> Mailing Address 7300 Hudson Blvd Ste 270 <hr/> City St Paul State MN Zip Code 55128 <hr/> Purpose of Disbursement Telemarketing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9879 Date of Disbursement 10 / 20 / 2008 <hr/> Amount of Each Disbursement this Period 4554.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) FLS Connect <hr/> Mailing Address 7300 Hudson Blvd Ste 270 <hr/> City St Paul State MN Zip Code 55128 <hr/> Purpose of Disbursement Telemarketing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9897 Date of Disbursement 11 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 2140.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**7294.05**

**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)  
Brian Davis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gallagher Media Inc.</p> <p>Mailing Address 627 Snelling Ave S</p> <p>City St Paul State MN Zip Code 55116</p> <p>Purpose of Disbursement Ad Production/Media Placement - Radio</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9857</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Koch &amp; Hoos LLC</p> <p>Mailing Address 901 N Washington St, Ste 102</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Accounting Consulting/Travel 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9895</p> <p>Date of Disbursement 11 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 976.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Koch &amp; Hoos LLC</p> <p>Mailing Address 901 N Washington St, Ste 102</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Accounting Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9896</p> <p>Date of Disbursement 11 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2364.40</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) ..... ▶

13340.90

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)  
Kwik Trip - Rochester

Transaction ID: SB17.9847

Date of Disbursement

Mailing Address 315 12th St SE

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

City Rochester State MN Zip Code 55904

Amount of Each Disbursement this Period

35.19
-------

Purpose of Disbursement  
Travel Expense/Fuel

--

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Kwik Trip - Rochester

Transaction ID: SB17.9860

Date of Disbursement

Mailing Address 315 12th St SE

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

City Rochester State MN Zip Code 55904

Amount of Each Disbursement this Period

37.44
-------

Purpose of Disbursement  
Travel Expense/Fuel

--

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Kwik Trip - Rochester

Transaction ID: SB17.9861

Date of Disbursement

Mailing Address 315 12th St SE

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	8

City Rochester State MN Zip Code 55904

Amount of Each Disbursement this Period

48.09
-------

Purpose of Disbursement  
Travel Expense/Fuel

--

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

120.72
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corp.  Mailing Address 250 N Sunny Slope Suite 300  City Battlefield State WI Zip Code 53005  Purpose of Disbursement Credit Card Processing Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.10724 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8  Amount of Each Disbursement this Period 2766.64  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corp.  Mailing Address 250 N Sunny Slope Suite 300  City Battlefield State WI Zip Code 53005  Purpose of Disbursement Credit Card Processing Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.10725 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 8  Amount of Each Disbursement this Period 39.50  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) MCI  Mailing Address 205 N Michigan Ave Suite 2700  City Chicago State IL Zip Code 60601  Purpose of Disbursement Phone Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.9851 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8  Amount of Each Disbursement this Period 14.20  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2820.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)  
Olmsted County Rep. Party

Mailing Address PO Box 833

City Rochester State MN Zip Code 55903

Purpose of Disbursement  
Event Expense/Election Night Reception  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB17.10717  
Date of Disbursement

11 / 15 / 2008

Amount of Each Disbursement this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)  
Paychex

Mailing Address PO Box 4482

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement  
Taxes  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB17.9872  
Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

3411.93

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

C.

Full Name (Last, First, Middle Initial)  
Paychex

Mailing Address PO Box 4482

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement  
Taxes  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB17.9873  
Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

37.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

4448.93

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Paychex Mailing Address PO Box 4482 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.9875 <b>Date of Disbursement</b> 11 / 07 / 2008	Amount of Each Disbursement this Period 560.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Paychex Mailing Address PO Box 4482 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Payroll Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.9876 <b>Date of Disbursement</b> 11 / 10 / 2008	Amount of Each Disbursement this Period 144.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Pinnacle Direct Mailing Address 15260 113th St N City Stillwater State MN Zip Code 55082 Purpose of Disbursement Direct Mail/Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.9902 <b>Date of Disbursement</b> 11 / 06 / 2008	Amount of Each Disbursement this Period 13647.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**14352.00**

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)  
Radisson Plaza Hotel

Mailing Address 150 S Broadway

City Rochester State MN Zip Code 55904

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.9881  
Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

782.09

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

B.

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

Mailing Address 9001 Lakeview Rd

City Bloomington State MN Zip Code 55438

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.9878  
Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

1250.00

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

C.

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

Mailing Address 9001 Lakeview Rd

City Bloomington State MN Zip Code 55438

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.9885  
Date of Disbursement

11 / 04 / 2008

Amount of Each Disbursement this Period

13000.00

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

15032.09

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) E. Roland  Mailing Address 9001 Lakeview Rd  City Bloomington State MN Zip Code 55438  Purpose of Disbursement Fundraising Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9892 Date of Disbursement 11 / 15 / 2008  Amount of Each Disbursement this Period 1795.59  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Michael Spellings  Mailing Address 623 23rd St NE  City Rochester State MN Zip Code 55908  Purpose of Disbursement Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9909 Date of Disbursement 10 / 31 / 2008  Amount of Each Disbursement this Period 3405.34  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Michael Spellings  Mailing Address 623 23rd St NE  City Rochester State MN Zip Code 55908  Purpose of Disbursement Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9911 Date of Disbursement 11 / 08 / 2008  Amount of Each Disbursement this Period 913.21  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

6114.14

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) Stevens Reed Curcio & Potholm  Mailing Address 201 North Union Street, Suite 200  City Alexandria State VA Zip Code 22314  Purpose of Disbursement Media Placement - Television Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9854 Date of Disbursement 10 / 16 / 2008  Amount of Each Disbursement this Period 42720.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Stevens Reed Curcio & Potholm  Mailing Address 201 North Union Street, Suite 200  City Alexandria State VA Zip Code 22314  Purpose of Disbursement Media Placement - Television Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9855 Date of Disbursement 10 / 23 / 2008  Amount of Each Disbursement this Period 62214.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Stevens Reed Curcio & Potholm  Mailing Address 201 North Union Street, Suite 200  City Alexandria State VA Zip Code 22314  Purpose of Disbursement Media/Production - Television Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9893 Date of Disbursement 11 / 15 / 2008  Amount of Each Disbursement this Period 18070.24  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

123004.24

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Venture Computer Systems</p> <p>Mailing Address 3416 Lake Ridge Place</p> <p>City Rochester State MN Zip Code 55901</p> <p>Purpose of Disbursement Computer 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9888</p> <p>Date of Disbursement 11 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 399.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Victory Enterprises</p> <p>Mailing Address 5200 SW 30th St, Ste 7</p> <p>City Davenport State IA Zip Code 55903</p> <p>Purpose of Disbursement Campaign Literature</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.9903</p> <p>Date of Disbursement 11 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 5861.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Victory Enterprises</p> <p>Mailing Address 5200 SW 30th St, Ste 7</p> <p>City Davenport State IA Zip Code 55903</p> <p>Purpose of Disbursement GOTV Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10723</p> <p>Date of Disbursement 11 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 7621.00</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) ..... ▶

**13882.46**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 21 1st St SW City Rochester State MN Zip Code 55902 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9845 Date of Disbursement 10 / 16 / 2008	Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 21 1st St SW City Rochester State MN Zip Code 55902 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9852 Date of Disbursement 10 / 23 / 2008	Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 21 1st St SW City Rochester State MN Zip Code 55902 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9856 Date of Disbursement 10 / 27 / 2008	Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

A.	Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 21 1st St SW City Rochester State MN Zip Code 55902 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9869 Date of Disbursement 10 / 31 / 2008 Amount of Each Disbursement this Period 6.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 21 1st St SW City Rochester State MN Zip Code 55902 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9874 Date of Disbursement 10 / 31 / 2008 Amount of Each Disbursement this Period 2.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 21 1st St SW City Rochester State MN Zip Code 55902 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.9867 Date of Disbursement 11 / 14 / 2008 Amount of Each Disbursement this Period 117.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

126.00

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

218968.54

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

A.

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

Mailing Address 839 Amber Ridge Ln SW

City Rochester State MN Zip Code 55902

Purpose of Disbursement  
Loan Repayment

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MN District: 01

Transaction ID: SB19A.9916  
Date of Disbursement

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

Amount of Each Disbursement this Period

100000.00
-----------

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

B.

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

Mailing Address 839 Amber Ridge Ln SW

City Rochester State MN Zip Code 55902

Purpose of Disbursement  
Loan Repayment

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MN District: 01

Transaction ID: SB19A.9917  
Date of Disbursement

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

Amount of Each Disbursement this Period

24000.00
----------

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

SUBTOTAL of Disbursements This Page (optional) ..... ►

124000.00

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

124000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

A.

Full Name (Last, First, Middle Initial)  
GUTKNECHT FOR U.S. CONGRESS COMMITTEE

Transaction ID: SB20C.9900

Date of Disbursement

Mailing Address P.O. Box 6428

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

City State Zip Code  
Rochester MN 55903

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
Refund

--

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

Candidate Name  
GILBERT W JR. GUTKNECHT

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MN District: 01

SUBTOTAL of Disbursements This Page (optional) ..... ►

300.00
--------

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

300.00
--------



**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)  
Brian Davis for Congress

**Transaction ID: SC/10.8081**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Brian James Davis - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 839 Amber Ridge Ln SW	
City Rochester State MN ZIP Code 55902	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
24000.00	24000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 8 D D 2 0 Y Y Y Y 2 0 0 8	None	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value=".00"/>

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

# SCHEDULE C (FEC Form 3)

## LOANS

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

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

NAME OF COMMITTEE (In Full)  
 Brian Davis for Congress

**Transaction ID: SC/10.8093**

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

Mailing Address 839 Amber Ridge Ln SW

City Rochester State MN ZIP Code 55902

Election:  
 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	100000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>8</td></tr> </table>	M	M	0	8	<table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>2</td><td>0</td></tr> </table>	D	D	2	0	<table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	Y	Y	Y	Y	2	0	0	8	None
M	M																		
0	8																		
D	D																		
2	0																		
Y	Y	Y	Y																
2	0	0	8																
			0.0000 % (apr)																
			<input type="checkbox"/> Yes <input checked="" 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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value="0.00"/>

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

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 75 / 77
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Brian Davis for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Bellwether Consulting Group	Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 666 11th St NW Ste 800	
City State ZIP Code Washington DC 20001	

Outstanding Balance Beginning This Period 5250.00	<b>Transaction ID:</b> SD10.9769	
Amount Incurred This Period 0.00	Payment This Period 5250.00	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Brian James Davis	Nature of Debt (Purpose): REIMBURSEMENT: Fundraising Consulting
Mailing Address 839 Amber Ridge Ln SW	
City State ZIP Code Rochester MN 55902	

Outstanding Balance Beginning This Period 1250.00	<b>Transaction ID:</b> SD10.9082	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1250.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Brian James Davis	Nature of Debt (Purpose): Expenses: Website/Software/Travel
Mailing Address 839 Amber Ridge Ln SW	
City State ZIP Code Rochester MN 55902	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.10730	
Amount Incurred This Period 4171.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4171.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	5421.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Elcor Corporation			Nature of Debt (Purpose): Rent
Mailing Address 3552 NW River Pkwy			
City Rochester	State MN	ZIP Code 55901	

Outstanding Balance Beginning This Period <input type="text" value="600.00"/>		<b>Transaction ID: SD10.8099</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="600.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Elcor Corporation			Nature of Debt (Purpose): Rent
Mailing Address 3552 NW River Pkwy			
City Rochester	State MN	ZIP Code 55901	

Outstanding Balance Beginning This Period <input type="text" value="600.00"/>		<b>Transaction ID: SD10.9080</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="600.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Elcor Corporation			Nature of Debt (Purpose): Rent
Mailing Address 3552 NW River Pkwy			
City Rochester	State MN	ZIP Code 55901	

Outstanding Balance Beginning This Period <input type="text" value="600.00"/>		<b>Transaction ID: SD10.9081</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="600.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="0.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Brian Davis for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Koch & Hoos LLC	Nature of Debt (Purpose): Accounting Consulting/Travel Expense
Mailing Address 901 N Washington St, Ste 102	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 976.50	<b>Transaction ID:</b> SD10.6923	
Amount Incurred This Period 0.00	Payment This Period 976.50	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Nature of Debt (Purpose): Travel Expense
Mailing Address 320 FIRST STREET	
City State ZIP Code WASHINGTON DC 20003	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.10712	
Amount Incurred This Period 1643.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1643.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Viamedia	Nature of Debt (Purpose): Cable Television
Mailing Address 220 Lexington Green Cir Ste 300	
City State ZIP Code Lexington KY 40503	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.10726	
Amount Incurred This Period 315.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 315.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	1958.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	7379.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	7379.00