

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 59
(check only one)

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

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NAME OF COMMITTEE (In Full)
Brian Davis for Congress

A.

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

Mailing Address 839 Amber Ridge Ln SW

City State Zip Code
Rochester MN 55902

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

Name of Employer Occupation
Mayo Clinic Physician

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

313177.26

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: SA11D.9073

Amount of Each Receipt this Period
1813.50

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

SUBTOTAL of Receipts This Page (optional)	▶	1813.50
TOTAL This Period (last page this line number only)	▶	1813.50