

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 13 / 50
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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) Brian James Davis		Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 839 Amber Ridge Ln SW		Transaction ID: SA11D.5302
	City Rochester	State MN	Zip Code 55902
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
	Name of Employer Mayo Clinic	Occupation Physician	In-kind - Food & Beverage <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 50363.07	

B.	Full Name (Last, First, Middle Initial) Brian James Davis		Date of Receipt MM / DD / YYYY 02 / 22 / 2008
	Mailing Address 839 Amber Ridge Ln SW		Transaction ID: SA11D.5120
	City Rochester	State MN	Zip Code 55902
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 87.95
	Name of Employer Mayo Clinic	Occupation Physician	In-kind - Food & Beverage <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 50451.02	

C.	Full Name (Last, First, Middle Initial) Brian James Davis		Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 839 Amber Ridge Ln SW		Transaction ID: SA11D.5297
	City Rochester	State MN	Zip Code 55902
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
	Name of Employer Mayo Clinic	Occupation Physician	In-kind - Food & Beverage <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 50486.02	

SUBTOTAL of Receipts This Page (optional)	▶	247.95
TOTAL This Period (last page this line number only)	▶	