

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Lincoln Davis for Congress

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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)).....	5725.00	15575.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	5725.00	15575.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	34439.59	43962.47
(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)).....	34439.59	43962.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	31033.79	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Lincoln Davis for Congress

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

1500.00

4500.00

(ii) Unitemized.....

225.00

575.00

(iii) TOTAL of contributions

1725.00

5075.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

4000.00

10500.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

5725.00

15575.00

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

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

5725.00

15575.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	34439.59	43962.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	8000.00	8081.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	42439.59	52043.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	67748.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	5725.00
25. SUBTOTAL (add Line 23 and Line 24).....	73473.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	42439.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	31033.79

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 21
	(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)
Lincoln Davis for Congress

A. Full Name (Last, First, Middle Initial)
Robert H. Livingston

Mailing Address PO Box 624

City State Zip Code
Jamestown TN 38556

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

Name of Employer Self
Occupation Real Estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.18858

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Reece Smith, III

Mailing Address 3245 Southall Road

City State Zip Code
Franklin TN 37064

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

Name of Employer Haury & Smith
Occupation Developer/Contractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA11A1.18859

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	1500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 21
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Lincoln Davis for Congress

A. Full Name (Last, First, Middle Initial)
FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 50 F Street NW
Suite 900

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: SA11C.18862

Amount of Each Receipt this Period
4000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	4000.00

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)
Lincoln Davis for Congress

Full Name (Last, First, Middle Initial) A. Best Western Hotels		Transaction ID: SB17.18908 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 1308 Murfreesboro Rd		Amount of Each Disbursement this Period 297.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Franklin State TN Zip Code 37064		
Purpose of Disbursement Overnight Lodging Candidate Name LINCOLN DAVIS Category/Type 002		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 04		

Full Name (Last, First, Middle Initial) B. Calhoun's		Transaction ID: SB17.18889 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 201 N Gallatin Road		Amount of Each Disbursement this Period 1225.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Nashville State TN Zip Code 37205		
Purpose of Disbursement Luncheon Candidate Name LINCOLN DAVIS Category/Type 003		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 04		

Full Name (Last, First, Middle Initial) C. Davey Consulting LLC		Transaction ID: SB17.18886 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 236 Massachusetts Ave NE #508		Amount of Each Disbursement this Period 2521.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002		
Purpose of Disbursement Fundraising Candidate Name LINCOLN DAVIS Category/Type 003		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 04		

SUBTOTAL of Disbursements This Page (optional) ▶	4044.66
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)
Lincoln Davis for Congress

Full Name (Last, First, Middle Initial) A. Davey Consulting LLC		Transaction ID: SB17.18868 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 236 Massachusetts Ave NE #508		Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002	Category/ Type 003	
Purpose of Disbursement Fundraising		
Candidate Name LINCOLN DAVIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Davey Consulting LLC		Transaction ID: SB17.18903 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 236 Massachusetts Ave NE #508		Amount of Each Disbursement this Period 7250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002	Category/ Type 003	
Purpose of Disbursement Fundraising		
Candidate Name LINCOLN DAVIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sharon B. Davis		Transaction ID: SB17.18878 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 104 Circle Lane PO Box 350		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jamestown State TN Zip Code 38556	Category/ Type 001	
Purpose of Disbursement Bookkeeping		
Candidate Name LINCOLN DAVIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9100.00
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)
Lincoln Davis for Congress

Full Name (Last, First, Middle Initial) A. Sammy Lowdermilk		Transaction ID: SB17.18888 Date of Disbursement 11 / 29 / 2006	
Mailing Address 339 Mountain High Drive		Amount of Each Disbursement this Period 397.66	
City Antioch State TN Zip Code 37013	Purpose of Disbursement Travel Reimbursement Candidate Name LINCOLN DAVIS Category/Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Promotions Plus		Transaction ID: SB17.18871 Date of Disbursement 12 / 14 / 2006	
Mailing Address 71 4th Street		Amount of Each Disbursement this Period 393.04	
City Crossville State TN Zip Code 38555	Purpose of Disbursement Lapel Pins Candidate Name LINCOLN DAVIS Category/Type 004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Promotions Plus		Transaction ID: SB17.18897 Date of Disbursement 12 / 20 / 2006	
Mailing Address 71 4th Street		Amount of Each Disbursement this Period 784.72	
City Crossville State TN Zip Code 38555	Purpose of Disbursement Printing Candidate Name LINCOLN DAVIS Category/Type 006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1575.42
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)
Lincoln Davis for Congress

Full Name (Last, First, Middle Initial) A. Richard Ralph		Transaction ID: SB17.18887 Date of Disbursement 11 / 29 / 2006	
Mailing Address 3600 Jackson Street		Amount of Each Disbursement this Period 966.66	
City San Francisco State CA Zip Code 94118	Purpose of Disbursement Office Rent Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name LINCOLN DAVIS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Richard Ralph		Transaction ID: SB17.18873 Date of Disbursement 12 / 01 / 2006	
Mailing Address 3600 Jackson Street		Amount of Each Disbursement this Period 966.67	
City San Francisco State CA Zip Code 94118	Purpose of Disbursement Office Rent Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name LINCOLN DAVIS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Alen Steimle		Transaction ID: SB17.18866 Date of Disbursement 12 / 20 / 2006	
Mailing Address PO Box 1564		Amount of Each Disbursement this Period 1500.00	
City McMinnville State TN Zip Code 37110	Purpose of Disbursement Clerical Assistant Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name LINCOLN DAVIS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3433.33
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)
Lincoln Davis for Congress

Full Name (Last, First, Middle Initial) A. Twin Lakes Telephone Coop		Transaction ID: SB17.18879 Date of Disbursement 12 / 12 / 2006	
Mailing Address PO Box 799		Amount of Each Disbursement this Period 95.02	
City Jamestown	State TN	Zip Code 38556	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone Service		Category/ Type 001	
Candidate Name LINCOLN DAVIS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 04			

Full Name (Last, First, Middle Initial) B. Union Bank of Jamestown		Transaction ID: SB17.18882 Date of Disbursement 12 / 15 / 2006	
Mailing Address PO Box 100		Amount of Each Disbursement this Period 532.80	
City Jamestown	State TN	Zip Code 38556	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement 941 Tax 4th Qtr		Category/ Type 001	
Candidate Name LINCOLN DAVIS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 04			

Full Name (Last, First, Middle Initial) C. US Post Office		Transaction ID: SB17.18864 Date of Disbursement 12 / 18 / 2006	
Mailing Address 2278 Hwy 41S		Amount of Each Disbursement this Period 3120.00	
City Nashville	State TN	Zip Code 37201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Postage		Category/ Type 001	
Candidate Name LINCOLN DAVIS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 04			

SUBTOTAL of Disbursements This Page (optional)	3747.82
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)
Lincoln Davis for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: SB17.18872 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address PO Box 105378		Amount of Each Disbursement this Period 701.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30348	001 Category/Type	
Purpose of Disbursement Telephone Service Candidate Name LINCOLN DAVIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 04		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB17.18869 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address PO Box 105378		Amount of Each Disbursement this Period 118.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30348	001 Category/Type	
Purpose of Disbursement Telephone Service Candidate Name LINCOLN DAVIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 04		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: SB17.18881 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address PO Box 105378		Amount of Each Disbursement this Period 175.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30348	001 Category/Type	
Purpose of Disbursement Telephone Service Candidate Name LINCOLN DAVIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 04		

SUBTOTAL of Disbursements This Page (optional) ▶	994.96
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 21

<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)
Lincoln Davis for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: SB17.18884 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address PO Box 105378		Amount of Each Disbursement this Period 240.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30348		
Purpose of Disbursement Telephone Service Candidate Name LINCOLN DAVIS Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 04		

Full Name (Last, First, Middle Initial) B. VISA		Transaction ID: SB17.18909 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address PO Box 30131		Amount of Each Disbursement this Period 2315.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33630		
Purpose of Disbursement Travel Candidate Name LINCOLN DAVIS Category/Type 002		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 04		

Full Name (Last, First, Middle Initial) C. South West Air		Transaction ID: SB17.18909.0 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6
Mailing Address 2785 Irving Blvd		Amount of Each Disbursement this Period 424.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Dallas State TX Zip Code 75207		
Purpose of Disbursement Airfare Candidate Name LINCOLN DAVIS Category/Type 002		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 04		

SUBTOTAL of Disbursements This Page (optional) ▶	2555.32
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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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

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NAME OF COMMITTEE (In Full)
Lincoln Davis for Congress

Full Name (Last, First, Middle Initial) A. Exxon Mobile 75		Transaction ID: SB17.18909.1 Date of Disbursement 12 / 09 / 2006
Mailing Address North Main Street		Amount of Each Disbursement this Period 45.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Crossville State TN Zip Code 38555		
Purpose of Disbursement Fuel Candidate Name LINCOLN DAVIS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	002 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Office Depot #210		Transaction ID: SB17.18909.4 Date of Disbursement 12 / 20 / 2006
Mailing Address 4504 Harding Road		Amount of Each Disbursement this Period 615.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Nashville State TN Zip Code 37205		
Purpose of Disbursement copy paper Candidate Name LINCOLN DAVIS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	001 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cracker Barrell		Transaction ID: SB17.18909.5 Date of Disbursement 12 / 16 / 2006
Mailing Address 3128 N Main Street		Amount of Each Disbursement this Period 253.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Crossville State TN Zip Code 38555		
Purpose of Disbursement Luncheon Candidate Name LINCOLN DAVIS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	003 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
Lincoln Davis for Congress

<p>A. Amoco</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Amoco</p> <p>Mailing Address 716 S. Chancery</p> <p>City Manchester State TN Zip Code 37110</p> <p>Purpose of Disbursement fUEL</p> <p>Candidate Name LINCOLN DAVIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 04</p>		<p>Transaction ID: SB17.18909.7</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type <input type="text" value="002"/></p>		

<p>B. Longhorn #19</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Longhorn #19</p> <p>Mailing Address 1175 Murfreesboro Road</p> <p>City Nashville State TN Zip Code 37206</p> <p>Purpose of Disbursement Luncheon</p> <p>Candidate Name LINCOLN DAVIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 04</p>		<p>Transaction ID: SB17.18909.8</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="509.49"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type <input type="text" value="003"/></p>		

<p>C. VISA</p> <p>Full Name (Last, First, Middle Initial)</p> <p>VISA</p> <p>Mailing Address PO Box 30131</p> <p>City Tampa State FL Zip Code 33630</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name LINCOLN DAVIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 04</p>		<p>Transaction ID: SB17.18906</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8457.12"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type <input type="text" value="002"/></p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="8457.12"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></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)

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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

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NAME OF COMMITTEE (In Full)
Lincoln Davis for Congress

<p>A. Shell Oil</p> <p>Full Name (Last, First, Middle Initial) Shell Oil</p> <p>Mailing Address 2800 Opryland Drive</p> <p>City Nashville State TN Zip Code 37206</p> <p>Purpose of Disbursement Fuel</p> <p>Candidate Name LINCOLN DAVIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 04</p>		<p>Transaction ID: SB17.18906.3</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="55.37"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 002</p>		

<p>B. The Peabody Memphis</p> <p>Full Name (Last, First, Middle Initial) The Peabody Memphis</p> <p>Mailing Address 150 Peabody Place</p> <p>City Memphis State TN Zip Code 38103</p> <p>Purpose of Disbursement Fuel</p> <p>Candidate Name LINCOLN DAVIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 04</p>		<p>Transaction ID: SB17.18906.8</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="18.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 002</p>		

<p>C. Exxon Mobile 75</p> <p>Full Name (Last, First, Middle Initial) Exxon Mobile 75</p> <p>Mailing Address North Main Street</p> <p>City Crossville State TN Zip Code 38555</p> <p>Purpose of Disbursement Fuel</p> <p>Candidate Name LINCOLN DAVIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 04</p>		<p>Transaction ID: SB17.18906.12</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="45.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 002</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></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)

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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

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NAME OF COMMITTEE (In Full)
Lincoln Davis for Congress

<p>A. Shell Oil</p> <p>Full Name (Last, First, Middle Initial) Shell Oil</p> <p>Mailing Address 2800 Opryland Drive</p> <p>City Nashville State TN Zip Code 37206</p> <p>Purpose of Disbursement Fuel</p> <p>Candidate Name LINCOLN DAVIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 04</p>		<p>Transaction ID: SB17.18906.17</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="49.07"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="002"/></p>

<p>B. Calhoun's</p> <p>Full Name (Last, First, Middle Initial) Calhoun's</p> <p>Mailing Address 201 N Gallatin Road</p> <p>City Nashville State TN Zip Code 37205</p> <p>Purpose of Disbursement Lunch</p> <p>Candidate Name LINCOLN DAVIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 04</p>		<p>Transaction ID: SB17.18906.20</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="56.34"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="003"/></p>

<p>C. J Alexanders</p> <p>Full Name (Last, First, Middle Initial) J Alexanders</p> <p>Mailing Address 3401 West End Ave</p> <p>City Nashville State TN Zip Code 37203</p> <p>Purpose of Disbursement Luncheon</p> <p>Candidate Name LINCOLN DAVIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 04</p>		<p>Transaction ID: SB17.18906.23</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="363.84"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="003"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></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)
Lincoln Davis for Congress

Full Name (Last, First, Middle Initial) A. The Peabody Memphis		Transaction ID: SB17.18906.24	
Mailing Address 150 Peabody Place		Date of Disbursement 11 / 29 / 2006	
City Memphis	State TN	Zip Code 38103	Amount of Each Disbursement this Period 304.63
Purpose of Disbursement Luncheon		003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name LINCOLN DAVIS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 04			

Full Name (Last, First, Middle Initial) B. Clydes of Gallery Place		Transaction ID: SB17.18906.28	
Mailing Address 707 7th Street NW		Date of Disbursement 11 / 29 / 2006	
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period 220.00
Purpose of Disbursement Lunch		003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name LINCOLN DAVIS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 04			

Full Name (Last, First, Middle Initial) C. South West Air		Transaction ID: SB17.18906.35	
Mailing Address 2785 Irving Blvd		Date of Disbursement 11 / 29 / 2006	
City Dallas	State TX	Zip Code 75207	Amount of Each Disbursement this Period 622.95
Purpose of Disbursement Airfare		002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name LINCOLN DAVIS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 04			

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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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

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NAME OF COMMITTEE (In Full)
Lincoln Davis for Congress

<p>A. Full Name (Last, First, Middle Initial) Crowne Plaza</p> <p>Mailing Address 401 West Summit Hill Drive</p> <p>City Knoxville State TN Zip Code 37902</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name LINCOLN DAVIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 04</p>		<p>Transaction ID: SB17.18906.36</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="293.32"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 002</p>		

<p>B. Full Name (Last, First, Middle Initial) The Peabody Memphis</p> <p>Mailing Address 150 Peabody Place</p> <p>City Memphis State TN Zip Code 38103</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name LINCOLN DAVIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 04</p>		<p>Transaction ID: SB17.18906.37</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1667.34"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 002</p>		

<p>C. Full Name (Last, First, Middle Initial) Holiday Inns Select</p> <p>Mailing Address 160 Union Ave</p> <p>City Memphis State TN Zip Code 38103</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name LINCOLN DAVIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 04</p>		<p>Transaction ID: SB17.18906.38</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1046.41"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 002</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></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)

PAGE 20 / 21

<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)
Lincoln Davis for Congress

A. ENTERPRISE RENT-A-CAR COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 600 Corporate Park Drive

City St. Louis State MO Zip Code 63105

Purpose of Disbursement
Auto Rental

Candidate Name
LINCOLN DAVIS

Office Sought: House
 Senate
 President

State: TN District: 04

Disbursement For: 2006
 Primary General
 Other (specify) ▼

002
Category/
Type

Transaction ID: SB17.18906.39

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

1002.66

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

[MEMO ITEM]

B. ENTERPRISE RENT-A-CAR COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 600 Corporate Park Drive

City St. Louis State MO Zip Code 63105

Purpose of Disbursement
Auto Rental

Candidate Name
LINCOLN DAVIS

Office Sought: House
 Senate
 President

State: TN District: 04

Disbursement For: 2006
 Primary General
 Other (specify) ▼

002
Category/
Type

Transaction ID: SB17.18906.42

Date of Disbursement

11 / 29 / 2006

Amount of Each Disbursement this Period

820.04

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

[MEMO ITEM]

C. Verizon Wireless

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 105378

City Atlanta State GA Zip Code 30348

Purpose of Disbursement
Telephone Service

Candidate Name
LINCOLN DAVIS

Office Sought: House
 Senate
 President

State: TN District: 04

Disbursement For: 2006
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.18906.43

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

243.16

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

33908.63

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 21

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

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NAME OF COMMITTEE (In Full)
Lincoln Davis for Congress

A. CIRO D. RODRIGUEZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 14528

City San Antonio State TX Zip Code 78214

Purpose of Disbursement
Political Contribution

Candidate Name
LINCOLN DAVIS

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 23

Transaction ID: SB21.18899

Date of Disbursement

12 / 06 / 2006

Amount of Each Disbursement this Period

2000.00

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

B. COMMITTEE TO BRING BACK BARON

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1071

City SEYMOUR State IN Zip Code 47274

Purpose of Disbursement

Candidate Name
LINCOLN DAVIS

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IN District: 09

Transaction ID: SB21.18892

Date of Disbursement

11 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

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

C. FLORIDA 13 RECOUNT FUND

Full Name (Last, First, Middle Initial)

Mailing Address 430 SOUTH CAPITOL STREET SE 2ND FL

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name
LINCOLN DAVIS

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TN District: 13

Transaction ID: SB21.18895

Date of Disbursement

12 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

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

SUBTOTAL of Disbursements This Page (optional) ►

8000.00

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

8000.00