

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
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