# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For An Authorized Committee**

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Allies of Thomas E Davis for Congress

ADDRESS (number and street) ▼

1110 Sparta St

S

☐ Check if different than previously reported. (ACC)

| CITY ▲ | STATE ▲ | ZIP CODE ▲ |
|---|---|---|
| McMinnville | TN | 37110 – |

2. **FEC IDENTIFICATION NUMBER ▼**

C C00854737

3. IS THIS REPORT ☐ NEW (N) **OR** ☒ AMENDED (A)

STATE ▼ TN DISTRICT 04

**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 MM / DD / YYYY in the State of

(c) 30-Day **POST**-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 10 / 01 / 2025 through 12 / 31 / 2025

*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 Milton, Sharon, , ,

Signature of Treasurer *Milton, Sharon, , ,* Date 02 / 25 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

| Office Use Only | | | | | | | |
|---|---|---|---|---|---|---|---|

# SUMMARY PAGE
of Receipts and Disbursements

FEC **Form 3** (Revised 03/2016)

Write or Type Committee Name

Allies of Thomas E Davis for Congress

Report Covering the Period: From: 10 / 01 / 2025 To: 12 / 31 / 2025

| | 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)) .... | 0.00 | 6145.27 |
| (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)) ..... | 0.00 | 6145.27 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) ..... | 682.46 | 7559.00 |
| (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)) ..... | 682.46 | 7559.00 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 2203.96 | |
| 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) ..... | 3800.00 | |

**For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.**

# DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 05/2016)

Write or Type Committee Name

Allies of Thomas E Davis for Congress

Report Covering the Period: From: MM 10 / DD 01 / YYYY 2025 To: MM 12 / DD 31 / YYYY 2025

| 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) | 0.00 | 5217.67 |
| (ii) Unitemized | 0.00 | 573.24 |
| (iii) TOTAL of contributions from individuals ▶ | 0.00 | 5790.91 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) The Candidate | 0.00 | 354.36 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | 0.00 | 6145.27 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: (a) Made or Guaranteed by the Candidate | 0.00 | 1700.00 |
| (b) All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b)) | 0.00 | 1700.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 300.00 |
| 16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶ | 0.00 | 8145.27 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3** (Revised 05/2016)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|---|---|
| 17. OPERATING EXPENDITURES | 682.46 | 7559.00 |
| 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 | 0.00 | 725.00 |
| 22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 682.46 | 8284.00 |

## III. CASH SUMMARY

| | |
|---|---|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD | 2886.42 |
| 24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3) | 0.00 |
| 25. SUBTOTAL (add Line 23 and Line 24) | 2886.42 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) | 682.46 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | 2203.96 |

# 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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 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)
Allies of Thomas E Davis for Congress

**A.**
Full Name (Last, First, Middle Initial): Bedford County Republican Party
Mailing Address: 1302 N Main St
City: Shelbyville | State: TN | Zip Code: 37160
Purpose of Disbursement: reagan day dinner
Candidate Name: Allies of Thomas E Davis for Congress
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: TN District: 04
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 10 / 15 / 2025
FEC Identification Number: C C00854737
Amount of Each Disbursement this Period: 325.00
**Transaction ID : SB17.4318**
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): Patriot Punk Network
Mailing Address: P O box 127
City: Tullahoma | State: TN | Zip Code: 37388
Purpose of Disbursement: digital advertisement
Candidate Name: Allies of Thomas E Davis for Congress
Category/Type: 004
Office Sought: [X] House [ ] Senate [ ] President
State: TN District: 04
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 06 / 2025
FEC Identification Number: C C00854737
Amount of Each Disbursement this Period: 250.00
**Transaction ID : SB17.4317**
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
[ ] Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 575.00

**TOTAL** This Period (last page this line number only) ▶ 575.00

# SCHEDULE C (FEC Form 3)
# LOANS

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



FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Allies of Thomas E Davis for Congress

**Transaction ID : SC/10.4120**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Thomas, Davis, Eugene, ,

☐ Memo Item

Election: 2024
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
248 Faith-Rae Blvd

| City | State | ZIP Code |
|---|---|---|
| Morrison | TN | 37357 |

[x] Personal Funds of the Candidate

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 2100.00 | 0.00 | 2100.00 |

**TERMS**

| Date Incurred (MM/DD/YYYY) | Date Due (MM/DD/YYYY) | Interest Rate (If none, enter 0) | Secured: |
|---|---|---|---|
| 02/22/2024 | 08/24/0816 | 0.00 % (apr) | ☐ Yes ☒ No |

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶ 2100.00

**TOTALS** This Period (last page in this line only) ▶

**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



FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Allies of Thomas E Davis for Congress

**Transaction ID : SC/10.4303**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Thomas, Davis, Eugene, ,

☐ Memo Item

Election: 2026
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
248 Faith-Rae Blvd

| City | State | ZIP Code |
|---|---|---|
| Morrison | TN | 37357 |

[x] Personal Funds of the Candidate

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 1200.00 | 0.00 | 1200.00 |

**TERMS**

| Date Incurred (MM/DD/YYYY) | Date Due (MM/DD/YYYY) | Interest Rate (If none, enter 0) | Secured: |
|---|---|---|---|
| 08/19/2025 | 08/07/2026 | 0.00 % (apr) | ☐ Yes ☒ No |

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶ 1200.00

**TOTALS** This Period (last page in this line only) ▶

**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



FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
Allies of Thomas E Davis for Congress

**Transaction ID : SC/10.4304**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Thomas, Davis, Eugene, ,

☐ Memo Item

Election: 2026
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
248 Faith-Rae Blvd

| City | State | ZIP Code |
|---|---|---|
| Morrison | TN | 37357 |

[x] Personal Funds of the Candidate

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 500.00 | 0.00 | 500.00 |

**TERMS**

| Date Incurred (MM / DD / YYYY) | Date Due (MM / DD / YYYY) | Interest Rate (If none, enter 0) | Secured: |
|---|---|---|---|
| 09 / 26 / 2025 | 08/07/2026 | 0.00 % (apr) | ☐ Yes ☒ No |

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶ 500.00

**TOTALS** This Period (last page in this line only) ▶ 3800.00

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