

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Jo Ann Davis for Congress Inc.

ADDRESS (number and street) PO Box 1834 Yorktown VA 23692 1834

2. FEC IDENTIFICATION NUMBER C00354001 3. IS THIS REPORT NEW OR AMENDED STATE ZIP CODE DISTRICT VA 01

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) [X] 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 in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 05 25 2006 through 06 30 2006

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 Mr. John G Selph Signature of Treasurer Electronically Filed by Mr. John G Selph Date 07 14 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 8 columns and 1 row. Last cell contains 'FEC FORM 3 (Revised 02/2003)'. Other cells are empty or contain 'Office Use Only'.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Jo Ann Davis for Congress Inc.

Report Covering the Period: From: To:

	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)).....	25323.46	401998.50
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	25323.46	401498.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	21757.86	302870.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4395.26
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21757.86	298475.37
8. Cash on Hand at Close of Reporting Period (from Line 27).....	234039.90	
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
Jo Ann Davis for Congress Inc.

Report Covering the Period: From:

M	M
0	5

D	D
2	5

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

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).....

1000.00

177330.00

(ii) Unitemized.....

1570.00

32027.14

(iii) TOTAL of contributions

2570.00

209357.14

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

22753.46

192641.36

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

25323.46

401998.50

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

4395.26

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

1027.35

5414.03

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

26350.81

411807.79

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21757.86	302870.63
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	500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS.....	3200.00	69944.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	24957.86	373314.63

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	232646.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	26350.81
25. SUBTOTAL (add Line 23 and Line 24).....	258997.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24957.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	234039.90

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)
Jo Ann Davis for Congress Inc.

Full Name (Last, First, Middle Initial) A. Mr. Joseph M. Guiffre		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2006	
Mailing Address 127 S Fairfax St #239		Transaction ID: SA11A1.15699	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Guiffre Distribution Co. Retired CEO	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Col. Thomas C. Hunter, Jr.		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2006	
Mailing Address 270 Church Point Ln		Transaction ID: SA11A1.15506	
City State Zip Code Oak Grove VA 22443	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation retired retired	Election Cycle-to-Date 600.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Mr. Raymond J. Lauring		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2006	
Mailing Address 23 Brigham Rd		Transaction ID: SA11A1.15696	
City State Zip Code Worcester MA 01609	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation retired retired	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 26
	(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)
Jo Ann Davis for Congress Inc.

A. Full Name (Last, First, Middle Initial)
Anke A. Longest

Mailing Address 6773 King William Road

City State Zip Code
Aylett VA 23069

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

Name of Employer Occupation
homemaker homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2006

Transaction ID: SA11A1.15519

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
G. R. Willie

Mailing Address 2807 Deer Meadow Denison

City State Zip Code
Denison TX 75020

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

Name of Employer Occupation
retired retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2006

Transaction ID: SA11A1.15697

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	1000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 26
	<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)
Jo Ann Davis for Congress Inc.

A. Full Name (Last, First, Middle Initial)
Action Committee For Rural Electrification

Mailing Address 4301 Wilson Blvd

City State Zip Code
Arlington VA 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2006

Transaction ID: SA11C.15510

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 VERMONT AVENUE N W

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: SA11C.15635

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
ANHEUSER-BUSCH COMPANIES INC POLITICAL ACTION COMMITTEE (AB-PAC)

Mailing Address ONE BUSCH PLACE

City State Zip Code
ST. LOUIS MO 63118

FEC ID number of contributing federal political committee. **C** C00034488

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: SA11C.15571

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)	4000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 26
	<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)
Jo Ann Davis for Congress Inc.

Full Name (Last, First, Middle Initial) A. Boilermakers-Blacksmiths Legislative Education Action Program		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006
Mailing Address 753 State Ave, Ste 565		Transaction ID: SA11C.15637
City State Zip Code Kansas City KS 66101	FEC ID number of contributing federal political committee. C C00005157	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2006
Mailing Address 1201 15TH STREET NW		Transaction ID: SA11C.15548
City State Zip Code WASHINGTON DC 20005	FEC ID number of contributing federal political committee. C C00000901	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00	

Full Name (Last, First, Middle Initial) C. Credit Union Legislative Action Council		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006
Mailing Address 805 Fifteenth St NW		Transaction ID: SA11C.15636
City State Zip Code Washington DC 20005	FEC ID number of contributing federal political committee. C C00007880	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 26
	<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)
Jo Ann Davis for Congress Inc.

Full Name (Last, First, Middle Initial) A. Deloitte & Touche Federal PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006	
Mailing Address PO Box 365		Transaction ID: SA11C.15593	
City State Zip Code Washington DC 20044		Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C C00211318		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. DRS TECHNOLOGIES GOOD GOVERNMENT FUND		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2006	
Mailing Address 3201 NEW MEXICO AVENUE NW #350 SUITE 500		Transaction ID: SA11C.15500	
City State Zip Code WASHINGTON DC 20016		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00275123		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) C. General Dynamics Voluntary Political Contribution Plan		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2006	
Mailing Address 3190 Fairview Park Dr		Transaction ID: SA11C.15499	
City State Zip Code Falls Church VA 22042		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00078451		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 26
	<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)
Jo Ann Davis for Congress Inc.

Full Name (Last, First, Middle Initial) A. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 06 / 07 / 2006
Mailing Address One Thomas Circle NW Suite 400		Transaction ID: SA11C.15533
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. C C00032698	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION		Date of Receipt M M / D D / Y Y Y Y Y 06 / 07 / 2006
Mailing Address 1750 NEW YORK AVE NW		Transaction ID: SA11C.15535
City WASHINGTON State DC Zip Code 20006	FEC ID number of contributing federal political committee. C C00029447	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. NATIONAL RESTAURANT ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 06 / 13 / 2006
Mailing Address 1200 17TH STREET N.W.		Transaction ID: SA11C.15570
City WASHINGTON State DC Zip Code 20036	FEC ID number of contributing federal political committee. C C00003764	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 26
	<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)
Jo Ann Davis for Congress Inc.

Full Name (Last, First, Middle Initial) A. NAUS-PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2006	
Mailing Address 5535 Hempstead Way		Transaction ID: SA11C.15551	
City Springfield	State VA	Zip Code 22151	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. ORBPAC (FKA ORBITAL SCIENCES GOOD GOVERNMENT COMMITTEE)		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006	
Mailing Address 21700 ATLANTIC BOULEVARD		Transaction ID: SA11C.15592	
City DULLES	State VA	Zip Code 20166	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00195263		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00		

Full Name (Last, First, Middle Initial) C. OWENS-ILLINOIS INC EMPLOYEES GOOD CITIZENSHIP FUND		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2006	
Mailing Address ONE SEAGATE - 8 OSG		Transaction ID: SA11C.15536	
City TOLEDO	State OH	Zip Code 43666	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C C00034330		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 26
	<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)
Jo Ann Davis for Congress Inc.

Full Name (Last, First, Middle Initial) A. PARSONS CORPORATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2006
Mailing Address 100 West Walnut Street T-1110		Transaction ID: SA11C.15615
City State Zip Code Pasadena CA 91124		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00103549		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. RAYTHEON COMPANY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2006
Mailing Address 870 Winter Street		Transaction ID: SA11C.15553
City State Zip Code Waltham MA 02451		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00097568		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) C. SUSAN B ANTHONY LIST CANDIDATE FUND		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2006
Mailing Address 1800 DIAGONAL ROAD SUITE 285		Transaction ID: SA11C.15639
City State Zip Code ALEXANDRIA VA 22314		Amount of Each Receipt this Period 23.36
FEC ID number of contributing federal political committee. C C00332296		In-kind - mailing <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 23.36	

SUBTOTAL of Receipts This Page (optional) ▶	2023.36
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 26
	(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)
Jo Ann Davis for Congress Inc.

A. Full Name (Last, First, Middle Initial)
SUSAN B ANTHONY LIST CANDIDATE FUND

Mailing Address 1800 DIAGONAL ROAD SUITE 285

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00332296

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1253.46

Date of Receipt
MM / DD / YYYY
06 / 07 / 2006

Transaction ID: SA11C.15704

Amount of Each Receipt this Period
1230.10

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

B. Full Name (Last, First, Middle Initial)
US Oncology, Inc Good Government Committee

Mailing Address 16825 Northchase Dr Suite 1300

City State Zip Code
Houston TX 77060

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2006

Transaction ID: SA11C.15552

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)	▶	2230.10
TOTAL This Period (last page this line number only)	▶	22753.46

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 26
	(check only one)	
<input 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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jo Ann Davis for Congress Inc.

A. Full Name (Last, First, Middle Initial)
BB&T Bank

Mailing Address 5340 George Washington Mem Hwy

City Yorktown State VA Zip Code 23692

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4873.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	6

Transaction ID: SA15.15471

Amount of Each Receipt this Period
487.31

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

B. Full Name (Last, First, Middle Initial)
BB&T Bank

Mailing Address 5340 George Washington Mem Hwy

City Yorktown State VA Zip Code 23692

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5414.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	6

Transaction ID: SA15.15701

Amount of Each Receipt this Period
540.04

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

SUBTOTAL of Receipts This Page (optional)	▶	1027.35
TOTAL This Period (last page this line number only)	▶	1027.35

**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)
Jo Ann Davis for Congress Inc.

Full Name (Last, First, Middle Initial) A. Bobby May Advertising Specialties		Transaction ID: SB17.15522 Date of Disbursement 06 / 05 / 2006	
Mailing Address HC 60 Box 260		Amount of Each Disbursement this Period 2460.04	
City Hurley State VA Zip Code 24620	Purpose of Disbursement campaign signs & t-shirts Candidate Name	Category/Type 006 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mrs. Jennifer Connelly		Transaction ID: SB17.15713 Date of Disbursement 05 / 26 / 2006	
Mailing Address 8 Fairfield Ct		Amount of Each Disbursement this Period 1013.20	
City Stafford State VA Zip Code 22554	Purpose of Disbursement payroll Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mrs. Jennifer Connelly		Transaction ID: SB17.15620 Date of Disbursement 06 / 21 / 2006	
Mailing Address 8 Fairfield Ct		Amount of Each Disbursement this Period 123.00	
City Stafford State VA Zip Code 22554	Purpose of Disbursement postage, travel reimbursement Candidate Name	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	3596.24
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)

PAGE 16 / 26

<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)
Jo Ann Davis for Congress Inc.

Full Name (Last, First, Middle Initial) A. Mrs. Jennifer Connelly		Transaction ID: SB17.15646 Date of Disbursement 06 / 29 / 2006	
Mailing Address 8 Fairfield Ct		Amount of Each Disbursement this Period 1013.20	
City Stafford State VA Zip Code 22554	Purpose of Disbursement payroll Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) B. County of Gloucester		Transaction ID: SB17.15526 Date of Disbursement 06 / 05 / 2006	
Mailing Address 6467 Main St		Amount of Each Disbursement this Period 313.17	
City Gloucester State VA Zip Code 23061	Purpose of Disbursement security expense for event Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 007	

Full Name (Last, First, Middle Initial) C. Cox Communications		Transaction ID: SB17.15559 Date of Disbursement 06 / 08 / 2006	
Mailing Address PO Box 37232		Amount of Each Disbursement this Period 132.59	
City Baltimore State MD Zip Code 21297	Purpose of Disbursement phone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional) ▶	1458.96
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 17 / 26

<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)
Jo Ann Davis for Congress Inc.

Full Name (Last, First, Middle Initial) A. Cox Communications		Transaction ID: SB17.15560 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address PO Box 37232		Amount of Each Disbursement this Period 59.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297	Purpose of Disbursement internet service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dominion Virginia Power		Transaction ID: SB17.15529 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address PO Box 26543		Amount of Each Disbursement this Period 15.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State VA Zip Code 23290	Purpose of Disbursement electric bill Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dominion Virginia Power		Transaction ID: SB17.15643 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address PO Box 26543		Amount of Each Disbursement this Period 14.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State VA Zip Code 23290	Purpose of Disbursement electric bill Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	89.04
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)
Jo Ann Davis for Congress Inc.

Full Name (Last, First, Middle Initial) A. Forest Consulting Services		Transaction ID: SB17.15715 Date of Disbursement 05 / 25 / 2006
Mailing Address PO Box 1473		Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State VA Zip Code 23218	Purpose of Disbursement accounting/reporting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Forest Consulting Services		Transaction ID: SB17.15648 Date of Disbursement 06 / 30 / 2006
Mailing Address PO Box 1473		Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State VA Zip Code 23218	Purpose of Disbursement accounting/reporting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ms. Megen McMichael		Transaction ID: SB17.15532 Date of Disbursement 06 / 06 / 2006
Mailing Address 745 Mashie Ct		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newport News State VA Zip Code 23602	Purpose of Disbursement website Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2200.00
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)

PAGE 19 / 26

<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)
Jo Ann Davis for Congress Inc.

Full Name (Last, First, Middle Initial) A. Ms Sandy Molineaux		Transaction ID: SB17.15716 Date of Disbursement 05 / 26 / 2006
Mailing Address 109 Creek Cir		Amount of Each Disbursement this Period 461.75
City Seaford State VA Zip Code 23696	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Ms Sandy Molineaux		Transaction ID: SB17.15644 Date of Disbursement 06 / 28 / 2006
Mailing Address 109 Creek Cir		Amount of Each Disbursement this Period 131.18
City Seaford State VA Zip Code 23696	Purpose of Disbursement parade expenses Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Ms Sandy Molineaux		Transaction ID: SB17.15645 Date of Disbursement 06 / 29 / 2006
Mailing Address 109 Creek Cir		Amount of Each Disbursement this Period 461.75
City Seaford State VA Zip Code 23696	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1054.68
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 20 / 26

<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)
Jo Ann Davis for Congress Inc.

Full Name (Last, First, Middle Initial) A. Morgan Meredith & Associates		Transaction ID: SB17.15721 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 2875 Towerview Rd Ste 1000		Amount of Each Disbursement this Period 1759.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Herndon State VA Zip Code 20171	Purpose of Disbursement fundraising mailings Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Morgan Meredith & Associates		Transaction ID: SB17.15723 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 2875 Towerview Rd Ste 1000		Amount of Each Disbursement this Period 3004.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Herndon State VA Zip Code 20171	Purpose of Disbursement fundraising fees Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Preferred Communications		Transaction ID: SB17.15462 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 5201 Leesburg Pike Ste 1007		Amount of Each Disbursement this Period 580.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Falls Church State VA Zip Code 22041	Purpose of Disbursement mailing list Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5343.92
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)
Jo Ann Davis for Congress Inc.

Full Name (Last, First, Middle Initial) A. Red Hot & Blue		Transaction ID: SB17.15561 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 1701 Clarendon Blvd Ste 105		Amount of Each Disbursement this Period 712.92
City Arlington State VA Zip Code 22209	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement catering Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Davis Rennolds		Transaction ID: SB17.15717 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address 2 Greenbrier Dr Apt 302		Amount of Each Disbursement this Period 965.37
City Fredericksburg State VA Zip Code 22401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Davis Rennolds		Transaction ID: SB17.15531 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 2 Greenbrier Dr Apt 302		Amount of Each Disbursement this Period 530.85
City Fredericksburg State VA Zip Code 22401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel, phone reimbursement Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2209.14
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)
Jo Ann Davis for Congress Inc.

A. Davis Rennolds Full Name (Last, First, Middle Initial) Mailing Address 2 Greenbrier Dr Apt 302 City Fredericksburg State VA Zip Code 22401 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.15573 Date of Disbursement 06 / 15 / 2006 Amount of Each Disbursement this Period 965.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Davis Rennolds Full Name (Last, First, Middle Initial) Mailing Address 2 Greenbrier Dr Apt 302 City Fredericksburg State VA Zip Code 22401 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.15647 Date of Disbursement 06 / 29 / 2006 Amount of Each Disbursement this Period 965.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Special Events Entertainment Inc Full Name (Last, First, Middle Initial) Mailing Address 1248 George Washington Hwy N City Chesapeake State VA Zip Code 23323 Purpose of Disbursement event expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.15525 Date of Disbursement 06 / 05 / 2006 Amount of Each Disbursement this Period 417.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	2348.22
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)

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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)
Jo Ann Davis for Congress Inc.

Full Name (Last, First, Middle Initial) A. SUSAN B ANTHONY LIST CANDIDATE FUND		Transaction ID: SB17.15705
Mailing Address 1800 DIAGONAL ROAD SUITE 285		Date of Disbursement 06 / 07 / 2006
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement In-kind - mailing	Category/ Type	Amount of Each Disbursement this Period 1230.10
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Tison Commercial Properties		Transaction ID: SB17.15508
Mailing Address 780 Pilot House Dr Ste 200 D		Date of Disbursement 06 / 01 / 2006
City Newport News	State VA	Zip Code 23606
Purpose of Disbursement office rent	Category/ Type	Amount of Each Disbursement this Period 625.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Tison Commercial Properties		Transaction ID: SB17.15622
Mailing Address 780 Pilot House Dr Ste 200 D		Date of Disbursement 06 / 21 / 2006
City Newport News	State VA	Zip Code 23606
Purpose of Disbursement office rent	Category/ Type	Amount of Each Disbursement this Period 175.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional)	2030.10
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)

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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)
Jo Ann Davis for Congress Inc.

Full Name (Last, First, Middle Initial) A. United States Treasury		Transaction ID: SB17.15596 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address IRS - PO Box 660264		Amount of Each Disbursement this Period 967.60
City Dallas State TX Zip Code 75266	Purpose of Disbursement federal payroll taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB17.15530 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address PO Box 33050		Amount of Each Disbursement this Period 163.60
City St. Petersburg State FL Zip Code 33733	Purpose of Disbursement cell phone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Virginia Dept of Taxation		Transaction ID: SB17.15595 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address PO Box 27264		Amount of Each Disbursement this Period 148.00
City Richmond State VA Zip Code 23261	Purpose of Disbursement state payroll taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1279.20
TOTAL This Period (last page this line number only) ▶	21609.50

**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 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)
Jo Ann Davis for Congress Inc.

A. Full Name (Last, First, Middle Initial)
California Republican Party

Mailing Address PO Box 910034

City San Diego State CA Zip Code 92191

Purpose of Disbursement contribution
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB21.15466

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	6

Amount of Each Disbursement this Period

1200.00

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

B. Full Name (Last, First, Middle Initial)
THELMA DRAKE FOR CONGRESS

Mailing Address PO BOX 61480

City VIRGINIA BEACH State VA Zip Code 23466

Purpose of Disbursement contribution
Candidate Name

Office Sought: House Senate President
State: VA District: 02

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB21.15563

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional) ►

3200.00

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

3200.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 26 / 26	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Jo Ann Davis for Congress Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Morgan Meredith & Associates	Nature of Debt (Purpose): fundraising mailing fees
Mailing Address 2875 Towerview Rd Ste 1000	
City State ZIP Code Herndon VA 20171	

Outstanding Balance Beginning This Period	Transaction ID: SD10.15472	
1759.24		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
3004.68	4763.92	0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	0.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	