

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Friends of Dave Brat 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))....	9638.08	10173.08
(b) Total Contribution Refunds (from Line 20(d))	100	100
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	9538.08	10073.08
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	40736.71	103189.52
(b) Total Offsets to Operating Expenditures (from Line 14).....	57	57
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	40679.71	103132.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	60419.75	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Dave Brat Inc.

Report Covering the Period: From: / / To: / /

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	1250
(ii) Unitemized.....	2138.08	2423.08
(iii) TOTAL of contributions from individuals ▶	3138.08	3673.08
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....	6500	6500
(d) The Candidate.....		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	9638.08	10173.08
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....		
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	57	57
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	9695.08	10230.08

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	40736.71	103189.52
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	100	100
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	100	100
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	40836.71	103289.52

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	91561.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9695.08
25. SUBTOTAL (add Line 23 and Line 24).....	101256.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	40836.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	60419.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
Friends of Dave Brat Inc.

A. Full Name (Last, First, Middle Initial)
Mr. Karl M Gallant

Mailing Address 9506 Gauge Dr

City State Zip Code
Fairfax Station VA 22039-3203

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

Name of Employer Requested Occupation
Requested Best Efforts

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
M M / D D / Y Y Y Y
12 / 18 / 2014

Transaction ID : SA11Ai-CN15866

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Mr. Marc D Shapiro M.D.

Mailing Address 736 Kiwi Cir

City State Zip Code
Winter Park FL 32789

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

Name of Employer Requested Occupation
Excellence in MRI Neuroradiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
M M / D D / Y Y Y Y
12 / 18 / 2014

Transaction ID : SA11Ai-CN15871

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Mr. Douglas Andrew Welsh

Mailing Address 110 Surrey Lane

City State Zip Code
Locust Grove VA 22508-5274

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

Name of Employer Requested Occupation
Data Field Solutions COO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
M M / D D / Y Y Y Y
12 / 23 / 2014

Transaction ID : SA11Ai-CN15912

Amount of Each Receipt this Period
500

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Dave Brat Inc.

A. Full Name (Last, First, Middle Initial)
CSX Good Government Fund

Mailing Address 1331 PENNSYLVANIA AVE NW STE 560

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 23 / 2014

Transaction ID : SA11C-CN15924

Amount of Each Receipt this Period
 1000

B. Full Name (Last, First, Middle Initial)
Eagle Forum PAC

Mailing Address PO Box 618

City Alton State IL Zip Code 62002

FEC ID number of contributing federal political committee. **C** C00103937

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 18 / 2014

Transaction ID : SA11C-CN15865

Amount of Each Receipt this Period
 1000

C. Full Name (Last, First, Middle Initial)
Genworth Financial Inc. PAC

Mailing Address 6620 West Broad St

City Richmond State VA Zip Code 23230

FEC ID number of contributing federal political committee. **C** C00404194

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 05 / 2014

Transaction ID : SA11C-CN15858

Amount of Each Receipt this Period
 2500

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Dave Brat Inc.

A. Full Name (Last, First, Middle Initial)
The Brink's Company PAC

Mailing Address 1801 Bayberry Ct
Ste 400

City Richmond State VA Zip Code 23226

FEC ID number of contributing federal political committee. **C** C00207472

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
M M / D D / Y Y Y Y
12 / 18 / 2014

Transaction ID : SA11C-CN15864

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
TRUCK PAC

Mailing Address 430 First St. S. E.

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
M M / D D / Y Y Y Y
12 / 26 / 2014

Transaction ID : SA11C-CN15918

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

2000.00

6500.00

**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)	PAGE 8 OF 23			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Dave Brat Inc.

Full Name (Last, First, Middle Initial) A. BB&T Corporation			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 10000 W Broad St			Amount of Each Disbursement this Period 15.00 Transaction ID : SB17-EX2183
City Glen Allen	State VA	Zip Code 23060	
Purpose of Disbursement Bank Fee		Category/ Type 001	Bank Fee
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. BB&T Corporation			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 10000 W Broad St			Amount of Each Disbursement this Period 311.85 Transaction ID : SB17-EX2136
City Glen Allen	State VA	Zip Code 23060	
Purpose of Disbursement Bank Fee		Category/ Type 001	Bank Fee
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. BB&T Corporation			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 10000 W Broad St			Amount of Each Disbursement this Period 73.83 Transaction ID : SB17-EX2154
City Glen Allen	State VA	Zip Code 23060	
Purpose of Disbursement Bank Fee		Category/ Type 001	Bank Fee
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	400.68
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 9 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Dave Brat Inc.

Full Name (Last, First, Middle Initial) A. Minuteman Press		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 10148 W Broad St Ste 201		Amount of Each Disbursement this Period 466.97
City Glen Allen	State VA	Zip Code 23060
Purpose of Disbursement Postage	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2143
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Postage	

Full Name (Last, First, Middle Initial) B. Minuteman Press		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 10148 W Broad St Ste 201		Amount of Each Disbursement this Period 1017.12
City Glen Allen	State VA	Zip Code 23060
Purpose of Disbursement Printing Expense	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2144
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Printing Expense	

Full Name (Last, First, Middle Initial) c. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 4990 Sadler Pl		Amount of Each Disbursement this Period 78.00
City Glen Allen	State VA	Zip Code 23060
Purpose of Disbursement PO Box Fee	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2133
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	PO Box Fee	

SUBTOTAL of Disbursements This Page (optional).....	1562.09
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 10 OF 23			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Dave Brat Inc.

Full Name (Last, First, Middle Initial) A. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 4990 Sadler Pl		Amount of Each Disbursement this Period 98.00
City Glen Allen	State VA	
Zip Code 23060	Purpose of Disbursement Postage	Transaction ID : SB17-EX2140
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Postage
State: District:		

Full Name (Last, First, Middle Initial) B. Vanco Services LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2014
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period 257.85
City Hopkins	State MN	
Zip Code 55343	Purpose of Disbursement Processing Fee	Transaction ID : SB17-EX1099
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Processing Fee
State: District:		

Full Name (Last, First, Middle Initial) c. Vanco Services LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period 108.65
City Hopkins	State MN	
Zip Code 55343	Purpose of Disbursement Processing Fee	Transaction ID : SB17-EX2182
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Processing Fee
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	464.50
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 11 OF 23		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Friends of Dave Brat Inc.

Full Name (Last, First, Middle Initial) A. Comcast		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address PO Box 3005		Amount of Each Disbursement this Period 50.59
City Southeastern	State PA	Zip Code 19398
Purpose of Disbursement Office Utility	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2132
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Office Utility

Full Name (Last, First, Middle Initial) B. David Brat		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 415.83
City Glen Allen	State VA	Zip Code 23059
Purpose of Disbursement See Memo - Reimburse	Category/ Type 001	
Candidate Name Dave Brat		Transaction ID : SB17-EX2168
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA	District: 07	See Memo - Reimburse

Full Name (Last, First, Middle Initial) c. David Brat		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 318.60
City Glen Allen	State VA	Zip Code 23059
Purpose of Disbursement Mileage	Category/ Type 001	
Candidate Name Dave Brat		Transaction ID : SB17-EX2169
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA	District: 07	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	466.42
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)	PAGE 12 OF 23		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Friends of Dave Brat Inc.

Full Name (Last, First, Middle Initial) A. JoJo's Famous Pizza		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 1201 E Main St		Amount of Each Disbursement this Period 79.23
City Richmond	State VA Zip Code 23219	
Purpose of Disbursement Food and Beverage	Category/Type 001	Transaction ID : SB17-EX2170 [MEMO ITEM]
Candidate Name Dave Brat	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 07		

Full Name (Last, First, Middle Initial) B. Standard Parking		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 5th & Marshall Garage		Amount of Each Disbursement this Period 18.00
City Richmond	State VA Zip Code 23219	
Purpose of Disbursement Parking	Category/Type 001	Transaction ID : SB17-EX2171 [MEMO ITEM]
Candidate Name Dave Brat	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 07		

Full Name (Last, First, Middle Initial) c. The Agliano Group LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 4000.00
City Glen Allen	State VA Zip Code 23058	
Purpose of Disbursement Financial Consulting	Category/Type 001	Transaction ID : SB17-EX1091 Financial Consulting
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4000.00
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 13 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Dave Brat Inc.

Full Name (Last, First, Middle Initial) A. Alison Boyd		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 1500.00
City Glen Allen	State VA	Zip Code 23060
Purpose of Disbursement Administrative Consulting	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX1092
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Administrative Consulting	

Full Name (Last, First, Middle Initial) B. Alison Boyd		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2014
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 3000.00
City Glen Allen	State VA	Zip Code 23060
Purpose of Disbursement Administrative Consulting	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2160
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Administrative Consulting	

Full Name (Last, First, Middle Initial) c. MoreInformation.Net LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address PO Box 1198		Amount of Each Disbursement this Period 2975.00
City Forest	State VA	Zip Code 24551
Purpose of Disbursement Communications Consulting	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2162
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Communications Consulting	

SUBTOTAL of Disbursements This Page (optional).....	7475.00
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 14 OF 23			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Dave Brat Inc.

Full Name (Last, First, Middle Initial) A. Sara James		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2014
Mailing Address 28620 Dapper Dan Dr		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17-EX1089
City State Zip Code Fair Oaks Ranch TX 78015	Purpose of Disbursement Communications Consulting	
Candidate Name	Category/Type 001	Communications Consulting
Office Sought: House Senate President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Tim Edson		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2014
Mailing Address 4005 Brussels Way		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17-EX1090
City State Zip Code Woodbridge VA 22192	Purpose of Disbursement General Campaign Consulting	
Candidate Name	Category/Type 001	General Campaign Consulting
Office Sought: House Senate President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. The Stoneridge Group LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 4400 North Point Pkwy Ste 190		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17-EX2153
City State Zip Code Alpharetta GA 30022	Purpose of Disbursement Fundraising Consulting	
Candidate Name	Category/Type 004	Fundraising Consulting
Office Sought: House Senate President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	15000.00
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 15 OF 23		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Friends of Dave Brat Inc.

Full Name (Last, First, Middle Initial) A. The Stoneridge Group LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 4400 North Point Pkwy Ste 190		Amount of Each Disbursement this Period 19.95
City Alpharetta	State GA	Zip Code 30022
Purpose of Disbursement Website Fee	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX2150	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Website Fee
State: District:		

Full Name (Last, First, Middle Initial) B. Mr Steven Mond		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 150.00
City Henrico	State VA	Zip Code 23058
Purpose of Disbursement Technical Consulting	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX2163	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Technical Consulting
State: District:		

Full Name (Last, First, Middle Initial) c. Lisa Kyle		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2014
Mailing Address PO Box 504		Amount of Each Disbursement this Period 1750.00
City Glen Allen	State VA	Zip Code 23058
Purpose of Disbursement GOTV Consulting	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX2195	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	GOTV Consulting
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1919.95
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 OF 23		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Friends of Dave Brat Inc.

Full Name (Last, First, Middle Initial) A. Google Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 164.33
City Mountain View State CA Zip Code 94043	Purpose of Disbursement Technical Support	
Candidate Name	001 Category/Type	Transaction ID : SB17-EX1109
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Technical Support	
State: District:		

Full Name (Last, First, Middle Initial) B. Political Equity Consulting		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 3213 Duke St #685		Amount of Each Disbursement this Period 2500.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Fundraising Consulting	
Candidate Name	001 Category/Type	Transaction ID : SB17-EX2134
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fundraising Consulting	
State: District:		

Full Name (Last, First, Middle Initial) C. Electronic Systems Inc		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 369 Edwin Dr		Amount of Each Disbursement this Period 887.56
City Virginia Beach State VA Zip Code 23462	Purpose of Disbursement Printing Expense	
Candidate Name	001 Category/Type	Transaction ID : SB17-EX2137
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Printing Expense	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3551.89
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 17 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Dave Brat Inc.

Full Name (Last, First, Middle Initial) A. Nancy Smith		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 430.08
City Glen Allen	State VA	Zip Code 23058
Purpose of Disbursement See Memo - Reimburse	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2177
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	See Memo - Reimburse
State: District:		

Full Name (Last, First, Middle Initial) B. James Limousine		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 2415 Anniston St		Amount of Each Disbursement this Period 430.08
City Richmond	State VA	Zip Code 23223
Purpose of Disbursement Travel	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2178
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Ashby Law PLLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 919 Prince St		Amount of Each Disbursement this Period 1815.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Legal Services	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2135
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Legal Services
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2245.08
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 18 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Dave Brat Inc.

Full Name (Last, First, Middle Initial) A. Extra Attic Mini Storage		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 3901 Springfield Rd		Amount of Each Disbursement this Period 1825.20
City Glen Allen	State VA	
Zip Code 23060	Purpose of Disbursement Storage Unit Fee	Transaction ID : SB17-EX2155
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Storage Unit Fee
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Eric S Dodge		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 400.00
City Glen Allen	State VA	
Zip Code 23058	Purpose of Disbursement Reimburse - See Memo	Transaction ID : SB17-EX2138
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Reimburse - See Memo
State: District:		

Full Name (Last, First, Middle Initial) c. In The Mix DJ Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 9722 Drexel Ln		Amount of Each Disbursement this Period 400.00
City Henrico	State VA	
Zip Code 23228	Purpose of Disbursement DJ Services	Transaction ID : SB17-EX2139
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2225.20
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 OF 23		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Friends of Dave Brat Inc.

Full Name (Last, First, Middle Initial) A. The Congressional Institute			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014		
Mailing Address 1700 Diagonal Road #730			Amount of Each Disbursement this Period 369.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB17-EX2141		
Purpose of Disbursement Conference Fee		001 Category/ Type			
Candidate Name		Conference Fee			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	369.00
TOTAL This Period (last page this line number only).....	39679.81

**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 OF 23	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Dave Brat Inc.

Full Name (Last, First, Middle Initial) A. Paul Brat		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2014
Mailing Address 167 Windsor Ct		Amount of Each Disbursement this Period 2600.00
City Saint Paul	State MN	
Zip Code 55112	Purpose of Disbursement Repay Loan	Transaction ID : SB19B-LP24
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Repay Loan
State: District:		

Full Name (Last, First, Middle Initial) B. Paul Brat		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2014
Mailing Address 167 Windsor Ct		Amount of Each Disbursement this Period 2400.00
City Saint Paul	State MN	
Zip Code 55112	Purpose of Disbursement Repay Loan	Transaction ID : SB19B-LP25
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General 2014	[MEMO ITEM] Repay Loan
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

**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)		PAGE 21 OF 23	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Dave Brat Inc.

Full Name (Last, First, Middle Initial) A. Mr. Duncan Cameron Sheils		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 11400 Wood Brook Court		Amount of Each Disbursement this Period 100.00
City Glen Allen	State VA	
Zip Code 23059	Purpose of Disbursement Contribution Ref to Individual	Transaction ID : SB20a-CR15
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Refund
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/Type
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/Type
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	100.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Dave Brat Inc.

Transaction ID : SC10-LN2

LOAN SOURCE Full Name (Last, First, Middle Initial)
Paul Brat

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
167 Windsor Ct

City State ZIP Code
Saint Paul MN 55112

[MEMO ITEM]
CUMULATIVE PYMT \$2600. PAID IN FULL

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2600	.00	.00

TERMS

Date Incurred: M 10 / D 06 / Y 2014
 Date Due: M 10 / D 05 / Y 2015
 Interest Rate: 0.00 % (apr)
 Secured: 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).....	0.00
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

NAME OF COMMITTEE (In Full) **Friends of Dave Brat Inc.** Transaction ID : **SC10-LN4**

LOAN SOURCE Full Name (Last, First, Middle Initial) Paul Brat	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General 2014
Mailing Address 167 Windsor Ct		

City Saint Paul	State MN	ZIP Code 55112	[MEMO ITEM] CUMULATIVE PYMT \$2400 PAID IN FULL
--------------------	-------------	-------------------	-----------------------------------------------------------

Original Amount of Loan 2400	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period .00
---------------------------------	-----------------------------------	----------------------------------------------------

TERMS

Date Incurred M 10 / D 06 / Y 2014	Date Due M 10 / D 05 / Y 2015	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	[] 0.00
TOTALS This Period (last page in this line only).....	[] 0.00

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