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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Dave Brat Inc. PO Box 5094 ADDRESS (number and street) (Check if address is changed) Glen Allen 23058 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS treasurer@davebrat.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://davebrat.com/ (Check if address is changed) DATE 06 2017 C00554949 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Agliano, Debbie, , , Type or Print Name of Treasurer Agliano, Debbie, , , [Electronically Filed] 03 06 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

		rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE  Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Nam Can	e of didate	Brat, David, Alan, Mr.,	
	didate y Affiliati	on REP Office Sought: * House Senate President	State VA District 07
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	nnected organization is a:
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Na		. 490
Friends of Day		
	d Organization, Affiliated Committee, Joint Fundraising Representative	ve, or Leadership PAC Sponsor
FreedomWorks PAC		, ,
i leedoiiivvoiks i AC	<u> </u>	
Mailing Address	PO Box 75760	
	Washington DC	20013
	CITY STATE	ZIP CODE
Relationship: Connec	eted Organization Affiliated Committee	ntative Leadership PAC Sponsor
Custodian of Records: Id books and records.	dentify by name, address (phone number optional) and position of the	person in possession of committee
Agliano,	, Debbie, , ,	
	PO Box 5094	
Mailing Address		
	Glen Allen	23058
Title or Position	CITY STATE	ZIP CODE
Custodian	Telephone number	
. <b>Treasurer:</b> List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee., assistant treasurer).	ee; and the name and address of
	Debbie, , ,	
of Treasurer	IPO Box 5094	
Mailing Address		
	Glen Allen VA	23058
Title or Position Treasurer	CITY STATE  Telephone number	ZIP CODE  804  -  496  -  8214  -

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Full Name of Designated Agent	N/A, , , ,	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	1	
Banks or Other I safety deposit box Name of Bank, De	tes or maintains funds.	
safety deposit box Name of Bank, De	BB&T Corporation	
safety deposit box Name of Bank, De	epository, etc.  BB&T Corporation	
safety deposit box Name of Bank, De	BB&T Corporation  10000 W Broad St  Glen Allen  VA 23060	ZIP CODE
safety deposit box Name of Bank, De	BB&T Corporation  10000 W Broad St  Glen Allen  CITY  STATE	ZIP CODE
safety deposit box Name of Bank, De  Mailing Address  Name of Bank, De	BB&T Corporation  10000 W Broad St  Glen Allen  CITY  STATE	ZIP CODE
safety deposit box Name of Bank, De  Mailing Address  Name of Bank, De	BB&T Corporation  10000 W Broad St  Glen Allen  CITY  STATE  SunTrust Bank	ZIP CODE