

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

FRIENDS OF DAVE BRAT INC.

ADDRESS (number and street)

PO BOX 5094

Check if different than previously reported. (ACC)

Check if different than previously reported. (ACC)

GLEN ALLEN

VA

23058

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00554949

3. IS THIS REPORT

NEW (N) OR AMENDED (A)

NEW (N)

OR

AMENDED (A)

STATE DISTRICT

VA

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM / DD / YYYY

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY 01 / 01 / 2020

through

MM / DD / YYYY 03 / 31 / 2020

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

Agliano, Debbie, , ,

Signature of Treasurer

Agliano, Debbie, , ,

[Electronically Filed]

Date

MM / DD / YYYY 04 / 15 / 2020

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

Table with 7 columns for Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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))....	0.00	5425.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	5425.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2645.08	132578.27
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	25020.61
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2645.08	107557.66
8. Cash on Hand at Close of Reporting Period (from Line 27).....	131074.61	
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

FEC Form 3 (Revised 05/2016)

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).....	0.00	5400.00
(ii) Unitemized.....	0.00	25.00
(iii) TOTAL of contributions from individuals ▶	0.00	5425.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	5425.00
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	25020.61
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	30445.61

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2645.08	132578.27
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	5425.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5425.00
21. OTHER DISBURSEMENTS	10072.00	10072.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	12717.08	148075.27

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	143791.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	143791.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12717.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	131074.61

**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 5 OF 7	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FRIENDS OF DAVE BRAT INC.

Full Name (Last, First, Middle Initial) A. Texas Transplant Support Network			Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2020	
Mailing Address 2150 S Central Expressway Ste 200			FEC Identification Number C	
City McKinney	State TX	Zip Code 75070	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Charitable Donation		Category/ Type 012	Transaction ID : SB17.4130	
Candidate Name		Memo Item <input type="checkbox"/>		
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) B. The Agliano Group LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2020	
Mailing Address 14168 Windmill Dr			FEC Identification Number C	
City Montpelier	State VA	Zip Code 23192	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement FEC Compliance		Category/ Type 001	Transaction ID : SB17.4128	
Candidate Name		Memo Item <input type="checkbox"/>		
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			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
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).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

**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 6 OF 7	
	<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. Building and Restoring America Together PAC		Date of Disbursement
Mailing Address PO Box 5094		M M / D D / Y Y Y Y 01 / 08 / 2020
City Glen Allen	State VA	Zip Code 23058
Purpose of Disbursement Contribution to Committee	<input type="checkbox"/> 011	FEC Identification Number C C00588335
Candidate Name	Category/ Type	Amount of Each Disbursement this Period 5000.00
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) ▼	Transaction ID : SB21.4126
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Donald J Trump for President Inc		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y 02 / 01 / 2020
City	State	Zip Code
Purpose of Disbursement Contribution	<input type="checkbox"/> 011	FEC Identification Number C
Candidate Name	Category/ Type	Amount of Each Disbursement this Period 2000.00
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) ▼	Transaction ID : SB21.4132
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Google Services		Date of Disbursement
Mailing Address 1600 Ampitheatre Pkwy		M M / D D / Y Y Y Y 03 / 02 / 2020
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Technical Support	<input type="checkbox"/> 001	FEC Identification Number C
Candidate Name	Category/ Type	Amount of Each Disbursement this Period 72.00
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) ▼	Transaction ID : SB21.4134
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	7072.00
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 7 OF 7	
	<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. Lummis for Wyoming Inc			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2020	
Mailing Address 111 S Durbin St Ste 300			FEC Identification Number C 00443580	
City Casper	State WY	Zip Code 82601	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		Category/ Type 011	Transaction ID : SB21.4136	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" 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: WY District:				

Full Name (Last, First, Middle Initial) B. Thomas Massie for Congress			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2020	
Mailing Address PO Box 821			FEC Identification Number C 00509729	
City Newport	State KY	Zip Code 41072	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Contribution		Category/ Type 011	Transaction ID : SB21.4127	
Candidate Name		Memo Item <input type="checkbox"/>		
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			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
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).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	10072.00