PAGE 1 / 4

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Friends of Dave							7		
ADDRESS (number and street) P	O Box 5094						-		
СІТҮ		STA	ATE		ZIP COL	Ε	-		
Glen Allen			VA		2305	8			
2. NAME OF CANDIDATE Brat, David, Alan, Mr.,				3. OFFICE SOU House		ate and District)	4. FEC IDENTIFICATION NUMBER C00554949		
5. IS THIS AN AMENDMENT?	NO, THIS IS A	NEW FILING		YES, IT AMEN	IDS THE	NOTICE FILED ON	//		
A. FULL NAME Dr. Brian Babin for Congress				Name of Employer Dr. Brian Babin for Congress		Date (month, day, year)	Amount		
MAILING ADDRESS PO Box 159				Transaction ID : F65-CN58649			11/01/2018	2000.00	
CITY	STATE	ZIP CODE		Occupation	ID . FO	J-CINJ0049			
		211 0002							
Woodville	ТХ	75979		Congressma	n				
B. FULL NAME Florida Congressio	onal Comr	nittee		Name of Employer FEC ID C00127811		Date (month, day, year)	Amount		
MAILING ADDRESS 6100 Hollywood Blvd Ste 305				Transaction ID : F65-CN58540		11/01/2018	1000.00		
	STATE	ZIP CODE		Occupation					
		00004		N/A - Federal PAC					
Hollywood C. FULL NAME	FL	33024							
Ted Yoho For Con	gress			Name of Employer none		Date (month, day, year)	Amount		
MAILING ADDRESS 8209 95th Ln SW				Transaction ID : F65-CN57357		10/31/2018	2000.00		
CITY	STATE	ZIP CODE		Occupation					
Gainesville	FL	32608							
		52000		none			Date (month,	Amount	
d. full NAME Adelson, Miriam, , ,				Name of Employer		day, year)	Amount		
MAILING ADDRESS 3355 Las Vegas Blvd S						11/01/2018	2700.00		
				Transaction I	D : F6	5-CN58724			
сітү Las Vegas	STATE NV	ZIP CODE 89109		Occupation					
E. FULL NAME Adelson, Sheldon, G, , M.D.				Name of Employer		Date (month, day, year)	Amount		
MAILING ADDRESS 3355 Las Vegas Blvd				Transaction ID : F65-CN58725		11/01/2018	2700.00		
CITY	STATE	ZIP CODE		Occupation		—			
Las Vegas	NV	89109							
SIGNATURE (optional) Agliano, Debbie, , Mrs.,		1		[Electronically]	Filed]	DATE 11/02/2018	Federal Elec 999 E Street, NW,	formation contact: etion Commission Washington, DC 20463 530, Local 202-694-1100	

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than using the name and address of any political committee to solicit contributions from such committe

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1. NAME OF COMMITTEE IN FULL Friends of Dave Brat Inc.]	
ADDRESS (number and street) PO Box 5094			-	
CITY, STATE, and ZIP CODE			-	
Glen Allen		VA 23058	continuation	page
2. NAME OF CANDIDATE		3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION N	NUMBER
Brat, David, Alan, Mr.,		House VA 07	C00554949	
5. IS THIS AN AMENDMENT? X NO, THIS IS	A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	//	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Cecchi, Mercedes, , ,			day, year)	
1700 N Moore St			11/01/2018	2700.00
		Transaction ID : F65-CN58661		
		Occupation		
Arlington	VA 22209			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount
Clark, William, H., Mrs., III			uay, year)	
			10/31/2018	2700.00
3716 Maplewood Ave		Transaction ID - FEE CNE2069		
		Transaction ID : F65-CN58068 Occupation	_	
Dallas	TX 75205	Occupation		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Jones, Joy, , ,			day, year)	
			11/01/2018	2700.00
9804 Gates Bluff Dr				
		Transaction ID : F65-CN58692	_	
Chesterfield	VA 23832	Occupation		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Jones, Keith, , ,			day, year)	
			11/01/2018	2700.00
9804 Gates Bluff Dr				
		Transaction ID : F65-CN58691		
Chesterfield	VA 23832	Occupation		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Klein, David, , ,		SELF	day, year)	
, David, , ,			10/31/2018	1250.00
2314 Eden Valley Rd				
		Transaction ID : F65-CN58254		
Port Angeles	WA 98363			
	WA 00000	DEVELOPER		



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ADDRESS (number and street) PO Box 50	994			
CITY, STATE, and ZIP CODE				
Glen Allen		VA 23058	continuation	page
2. NAME OF CANDIDATE		3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION N	IUMBER
Brat, David, Alan, Mr.,		House VA 07	C00554949	
5. IS THIS AN AMENDMENT? X NO, THIS	S IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	//	
A. FULL NAME, MAILING ADDRESS AND ZIP COD	E	Name of Employer	Date (month,	Amount
May, Lawrence, , Mr.,		Self	day, year)	
			11/01/2018	5400.00
8 Twinleaf Dr			11/01/2010	0400.00
		Transaction ID : F65-CN58636		
o. <i>4</i>		Occupation		
Stafford	VA 22556	Finance		
B. FULL NAME, MAILING ADDRESS AND ZIP COD	E	Name of Employer	Date (month,	Amount
Micho, Mark, G, Mr.,		G-M Wood Products	day, year)	
			11/01/2018	1000.00
6965 Wildermere Dr NE				
		Transaction ID : F65-CN58682		
		Occupation		
Rockford	MI 49341	CEO		
C. FULL NAME, MAILING ADDRESS AND ZIP COD	E	Name of Employer	Date (month,	Amount
Nolan, William, , Mr.,		Nolan	day, year)	
			10/31/2018	2700.00
PO Box 101835				
		Transaction ID : F65-CN57298		
	TV 70405	Occupation		
Fort Worth	TX 76185	Real Estate		
D. FULL NAME, MAILING ADDRESS AND ZIP COD	E	Name of Employer	Date (month, day, year)	Amount
Smith, Lecia, , Ms.,		None	day, year)	
			11/01/2018	2000.00
3245 Laurel Dr				
		Transaction ID : F65-CN58655	_	
Plaakabura	V/A 24060	Occupation		
Blacksburg	VA 24060	Homemaker		
E. FULL NAME, MAILING ADDRESS AND ZIP COD	E	Name of Employer	Date (month, day, year)	Amount
Stiff, Geoffrey, , ,		ICM - International Cooperating Minist		
-			10/31/2018	1000.00
1151 Marney Court				
		Transaction ID : F65-CN57885		
Richmond	VA 23229	Occupation		
		Executive		



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CITY, STATE, and ZIP CODE		_	
Glen Allen	VA 23058	continuation	page
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION N	
Brat, David, Alan, Mr.,	House VA 07	C00554949	
5. IS THIS AN AMENDMENT?	YES, IT AMENDS THE NOTICE FILED ON	//_	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
Zell, Samuel, , ,	Equity Group Investments	day, year)	
		11/01/2018	2000.00
2 Riverside Plaza N			
Suite 600	Transaction ID : F65-CN58652	_	
Chicago IL 60606	Occupation Chairman		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
	Occupation	_	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
	Occupation		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
	Occupation		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
	Occupation		

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