

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 Brat Inc.			
ADDRESS (number and street) 10124 W Broad St Suite H			
CITY, STATE, and ZIP CODE Glen Allen VA 23060			
2. NAME OF CANDIDATE Mr. David Alan Brat		3. OFFICE SOUGHT (State and District) House VA 07	
4. FEC IDENTIFICATION NUMBER C00554949			
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
American Medical Association PAC 25 Massachusetts Ave NW Ste 600 Washington DC 20001		Name of Employer None Transaction ID : F65-CN13730 Occupation	Date (month, day, year) 10/28/2014 Amount 2500
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Ms. Lorna J Gladstone Ph.D. 1161 Crest Ln Mc Lean VA 22101		Name of Employer None Transaction ID : F65-CN13737 Occupation Retired	Date (month, day, year) 10/28/2014 Amount 1000
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Mrs. Kay Coles James 5900 Country Walk Road Midlothian VA 23112		Name of Employer None Transaction ID : F65-CN14357 Occupation	Date (month, day, year) 10/28/2014 Amount 1000
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Mrs. Ellis F Naegele 7993 Via Vecchia Naples FL 34108		Name of Employer None Transaction ID : F65-CN14302 Occupation Retired	Date (month, day, year) 10/28/2014 Amount 1000
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Mr. Robert O Naegele 7993 Via Vecchia Naples FL 34108		Name of Employer None Transaction ID : F65-CN14299 Occupation Retired	Date (month, day, year) 10/28/2014 Amount 1000
SIGNATURE (optional) Debbie Agliano		DATE 10/29/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
<i>[Electronically Filed]</i>			

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6

(Revised 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Mrs. Alison Moon O'Shanick 3120 Summerhurst Drive Midlothian VA 23113	Name of Employer CNS PC Transaction ID : F65-CN13698 Occupation Speech Pathologist	Date (month, day, year) 10/27/2014	Amount 1000
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount