

FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

FRIENDS OF DAVE BRAT

ADDRESS (number and street)

PO BOX 5094

(Check if address is changed)

GLEN ALLEN

CITY

VA

STATE

23058-5094

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

TREASURER@DAVEBRATFORCONGRESS.COM

Optional Second E-Mail Address

CAMPAIN@DAVEBRATFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.DAVEBRATFORCONGRESS.COM

2. DATE

06 16 2014

3. FEC IDENTIFICATION NUMBER

C 00554949

4. 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.

Type or Print Name of Treasurer

Steven D'Ambrosia

Signature of Treasurer

[Handwritten Signature]

Date

06 16 2014

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 Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

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5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate DAVID A BRAT

Candidate Party Affiliation REP Office Sought: House Senate President State VA District 07

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- Corporation
- Corporation w/o 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 segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

14031250391

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name DEBBIE AGLIANO

Mailing Address PO BOX 5094

GLEN ALLEN VA 23058-15094

Title or Position

CITY

STATE

ZIP CODE

ASST. TREASURER

Telephone number [Empty]

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer STEVEN D'AMBROSIA

Mailing Address 401 LYNCHHELL PL

RICHMOND VA 23238

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 804-627-1224

14031250392

Full Name of Designated Agent

DEBBIE AGLIANO

Mailing Address

PO BOX 5094

GLEN ALLEN

CITY

VA

STATE

23058-15094

ZIP CODE

Title or Position

ASST. TREASURER

Telephone number

[]-[]-[]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BB+T CORPORATION

Mailing Address

BB+T NYMOUTH BRANCH

11400 NUCKOLS RD

GLEN ALLEN

CITY

VA

STATE

23059-15505

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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7012 3050 0000 3083 2435

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JUN 16 2014
AMOUNT

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Friends of Dave Brat
PO BOX 5094
Glen Allen, VA 23058-5094

To: /Destinataire:


Federal Election Commission
999 E Street, NW
Washington D.C. 20463

Country of Destination: /Pays de destination:

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (8/2013)	6/20/14 DATE PREPARED

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