| Image# | 201 | 801 | 310 | 0001 | 135 | 564 |
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STATEMENT OF ORGANIZATION

| FORM 1 | | | Office Use Only |
|-----------------------------------|-------------------------------|--|---|
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 |
| Friends of Dave I | Brat Inc. | | |
| | | | |
| ADDRESS (number and street) | PO Box 5094 | | |
| (Check if address is changed) | | | |
| is changed) | Glen Allen | | VA 23058 |
| | CITY ▲ | | STATE A ZIP CODE A |
| COMMITTEE'S E-MAIL ADDRE | SS | | |
| (Check if address is changed) | treasurer@davebrat.co |)m | |
| | Optional Second E-Mail Add | dress | |
| | | | |
| 2. DATE | D / Y Y Y Y 1 2018 | | |
| 3. FEC IDENTIFICATION N | | 00554949 | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | |
| I certify that I have examined th | his Statement and to the best | of my knowledge and belief it | is true, correct and complete. |
| Type or Print Name of Treasure | r Agliano, Debbie, , , | | |
| Signature of Treasurer | no, Debbie, , , | [Electronically Filed] | Date 01 / 01 / 2018 |
| NOTE: Submission of false, erron | | may subject the person signing t ON SHOULD BE REPORTED W | his Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS. |
| Office Use Only | | For further information co Federal Election Commissio Toll Free 800-424-9530 | |

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| | FEC | EC Form 1 (Revised 02/2009) | Page 2 |
|----|---------------------|---|------------------------------------|
| 5. | TYPE C | OF COMMITTEE | |
| | Candi | lidate 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 information below.) | e the candidate |
| | Name o Candida | | |
| | Candida Party Af | Affiliation REP Office Sought: K House Senate President | State VA District 07 |
| | (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name o Candida | | |
| | Party | Committee: | |
| | (d) | | nocratic, ublican, etc.) Party. |
| - | Politic | cal Action Committee (PAC): | |
| | (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect | ted organization is a: |
| | | Corporation Corporation w/o Capital Stock | bor Organization |
| | | Membership Organization Trade Association Co | ooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | (f) | This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee) | gated 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.) | |
| | Joint F | Fundraising Representative: | |
| (| g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate. | r more political |
| (| h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate. | more political |
| | (| Committees Participating in Joint Fundraiser | |
| | | 1 FEC ID number C | |
| | | 2. FEC ID number | |
| | (| 3 FEC ID number | |
| | 2 | 4 FEC ID number | |

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Write or Type Committee Name

Friends of Dave Brat Inc.

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

| Brat Victory Fund | | | | | | | | | | |
|-------------------|---|------|-------|----------|--|--|--|--|--|--|
| | | | | | | | | | | |
| Mailing Address | PO Box 26141 | | | | | | | | | |
| | | | | | | | | | | |
| | Alexandria | | VA | 22313 | | | | | | |
| | | CITY | STATE | ZIP CODE | | | | | | |
| | Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee | | | | | | | | | |
| | o, Debbie, , , | | | | | | | | | |
| Full Name | | | | | | | | | | |
| Mailing Address | PO Box 5094 | | | | | | | | | |
| | | | | | | | | | | |
| | Glen Allen | | | 23058 | | | | | | |
| Title or Position | | CITY | STATE | ZIP CODE | | | | | | |
| | | | | | | | | | | |

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 | Agliano, Debbie, , , |
|--------------------------------|---|
| | |
| Mailing Address | |
| | |
| | |
| | Glen Allen |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Telephone number 804 496 8214 |

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| Full Name of Designated Agent | N/A, , , , , | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|--------------|--|--|--|---|------|---|--|--|--|------|-----|-----|------|-----|-----|----|--|--|--|-----|--|-----|----|------|--|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | - [_ | | |
| | | | | | (| CITY | ſ | | | | | | | | Ś | STA | ΤE | | | | | | ZIP | СО | DE | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Tele | eph | one | e ni | ımb | er | | | | |] – | | | · | - [_ | | |

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& | | |
|-------------------------|------------------|----------------|
| Mailing Address | 10000 W Broad St | |
| | | |
| | Gien Allen | VA 23060 |
| | CITY | STATE ZIP CODE |
| Name of Bank, Depositor | y, etc. | |
| Eagl | e Bank | |
| | 2001 K St NW | |
| Mailing Address | | |
| | | |
| | Washington | DC 20006 |
| | CITY | STATE ZIP CODE |