

# 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)

Glen Allen

VA

23058

2. **FEC IDENTIFICATION NUMBER** ▼

C C00554949

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

VA

07

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  /  /  in the State of

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

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Debbie Agliano

Signature of Treasurer Debbie Agliano

*[Electronically Filed]*

Date

/  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

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))....	106287.45	116460.53
(b) Total Contribution Refunds (from Line 20(d)) .....	.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	106287.45	116360.53
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	54144.68	157334.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	2964.56	3021.56
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	51180.12	154312.64
8. Cash on Hand at Close of Reporting Period (from Line 27).....	115527.08	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	.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 12/2003)

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).....	49450.00	50700.00
(ii) Unitemized.....	32687.45	35110.53
(iii) TOTAL of contributions from individuals ▶	82137.45	85810.53
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	24150.00	30650.00
(d) The Candidate.....	.00	.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	106287.45	116460.53
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	.00	.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	.00	.00
(b) All Other Loans.....	.00	.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	.00	.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	2964.56	3021.56
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	.00	.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	109252.01	119482.09

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	54144.68	157334.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of All Other Loans .....	.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	.00	100.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	.00	100.00
21. OTHER DISBURSEMENTS .....	.00	.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	54144.68	157434.20

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	60419.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	109252.01
25. SUBTOTAL (add Line 23 and Line 24).....	169671.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	54144.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	115527.08

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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.**

**A.** Full Name (Last, First, Middle Initial)  
**Christian & Barton LLP**

Mailing Address 909 E. Main St Ste 1200

City	State	Zip Code
Richmond	VA	23219-3095

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		25		2015

**Transaction ID : SA11Ai-CN16026**

Amount of Each Receipt this Period  
**2500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Michael W Smith**

Mailing Address 909 E. Main St Ste 1200

City	State	Zip Code
Richmond	VA	23219

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Christian & Barton	Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**399.23**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		25		2015

**Transaction ID : SA11Ai-CN16045**

Amount of Each Receipt this Period  
**399.23**

Partnership-Christian & Barton LLP

**[MEMO ITEM]**  
\$399.23 MEMO Partnership Attributed

**C.** Full Name (Last, First, Middle Initial)  
**Hunton & Williams LLP**

Mailing Address Riverfront Plaza East Tower  
951 East Byrd Street

City	State	Zip Code
Richmond	VA	23219

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		04		2015

**Transaction ID : SA11Ai-CN16137**

Amount of Each Receipt this Period  
**300**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2800.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Scott Real Estate**

Mailing Address 1500 Huguenot Springs Rd

City Midlothian State VA Zip Code 23113-7203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : SA11Ai-CN16083**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Philip Baker Scott**

Mailing Address 1500 Huguenot Springs Road

City Midlothian State VA Zip Code 23113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**Self Real Estate**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : SA11Ai-CN16084**

Amount of Each Receipt this Period  
**250**

Partnership-Scott Real Estate

**[MEMO ITEM]**  
**\$250.00 MEMO Partnership Attributed**

**C.** Full Name (Last, First, Middle Initial)  
**Team Cheatle LLC**

Mailing Address 17376 Albert Dr

City Culpeper State VA Zip Code 22701-9300

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 20 / 2015**

**Transaction ID : SA11Ai-CN16059**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1250.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Walter Martin Cheatle**

Mailing Address 17376 Albert Drive

City State Zip Code  
Culpeper VA 22701

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2015

**Transaction ID : SA11Ai-CN16060**

Amount of Each Receipt this Period  
 500  
 Partnership-Team Cheatle LLC

**[MEMO ITEM]**  
 \$500.00 MEMO Partnership Attributed

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Terry Cheatle**

Mailing Address 17376 Albert Drive

City State Zip Code  
Culpeper VA 22701

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2015

**Transaction ID : SA11Ai-CN16061**

Amount of Each Receipt this Period  
 500  
 Partnership-Team Cheatle LLC

**[MEMO ITEM]**  
 \$500.00 MEMO Partnership Attributed

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Oriana Dale Hargrove Alderman**

Mailing Address 13033 B Old Ridge Rd

City State Zip Code  
Beaverdam VA 23015-1744

FEC ID number of contributing federal political committee. **C**

Name of Employer VA House Of Delegates Occupation Legislative Aide

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11Ai-CN17385**

Amount of Each Receipt this Period  
 250

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Diana Almy**

Mailing Address 11401 Club Dr N

City Fredericksburg State VA Zip Code 22408

FEC ID number of contributing federal political committee. **C**

Name of Employer Fredericksburg Orthodontics Occupation orthodontist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : SA11Ai-CN16078**

Amount of Each Receipt this Period  
**300**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert William Bailie**

Mailing Address 8101 Vanguard Dr Ste 300

City Mechanicsville State VA Zip Code 23111

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 08 / 2015**

**Transaction ID : SA11Ai-CN16165**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Ms Ann Beauchamp**

Mailing Address 144 Black Walnut

City Richmond State VA Zip Code 23238

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 25 / 2015**

**Transaction ID : SA11Ai-CN17428**

Amount of Each Receipt this Period  
**100**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1400.00**



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas Elliott Blackstone**

Mailing Address 20097 Beaver Dam Road

City State Zip Code  
Beaverdam VA 23015-1119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
B&B Electric Electrician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**800**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 10 / 2015**

**Transaction ID : SA11Ai-CN16176**

Amount of Each Receipt this Period  
**800**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Frank Beale Bradley III**

Mailing Address PO Box 217

City State Zip Code  
Mechanicsville VA 23111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bradley Properties Inc Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 04 / 2015**

**Transaction ID : SA11Ai-CN16133**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr Brad Bryker**

Mailing Address 401 Wilshire Blvd  
B

City State Zip Code  
Hermosa Beach CA 90254

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NextEngine Inc. VP Bus Dev

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : SA11Ai-CN17447**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2300.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Daniel Edward Clark**

Mailing Address 10466 Sullivan Drive

City Mechanicsville	State VA	Zip Code 23116-4787
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired - Verizon	Occupation Engineer
---------------------------------------	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 05 / 2015**

**Transaction ID : SA11Ai-CN16142**

Amount of Each Receipt this Period  
**200**

**B.** Full Name (Last, First, Middle Initial)  
**Mr Peter Clements**

Mailing Address PO Box 57

City Carson	State VA	Zip Code 23830
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FEC ID number of contributing federal political committee. **C**

Name of Employer The Bank of Southside VA	Occupation Banking
--	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11Ai-CN17455**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Andrew R Cochran**

Mailing Address 8509 Paul Revere Ct

City Annandale	State VA	Zip Code 22003
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Attorney
--------------------------	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 22 / 2015**

**Transaction ID : SA11Ai-CN17394**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**700.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 58  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. C Felix Cross III**

Mailing Address 9064 Stumpy Rd

City Ashland State VA Zip Code 23005

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : SA11Ai-CN16074**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Walter M Curt**

Mailing Address 7372 Campaign Dr

City Port Republic State VA Zip Code 24471

FEC ID number of contributing federal political committee. **C**

Name of Employer Power Monitors Inc. Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 03 / 2015**

**Transaction ID : SA11Ai-CN16106**

Amount of Each Receipt this Period  
**2700**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Richard Keith Dufour**

Mailing Address 2117 Ginter Street

City Henrico State VA Zip Code 23228

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11Ai-CN17480**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3950.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Elizabeth Ann Fisher**

Mailing Address 12288 Hanover Courthouse Road

City Hanover	State VA	Zip Code 23069-1602
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FEC ID number of contributing federal political committee. **C**

Name of Employer RMC	Occupation Professor
-------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		02		2015

**Transaction ID : SA11Ai-CN16102**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Charles Thomas Floyd**

Mailing Address 10930 Lansdowne Court

City Midlothian	State VA	Zip Code 23113-1364
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03		31		2015

**Transaction ID : SA11Ai-CN17491**

Amount of Each Receipt this Period  
500

**C.** Full Name (Last, First, Middle Initial)  
**Dr. David Galpern**

Mailing Address 3225 Ellwood Ave

City Richmond	State VA	Zip Code 23221
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Bon Secours	Occupation Physician
---------------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		07		2015

**Transaction ID : SA11Ai-CN15937**

Amount of Each Receipt this Period  
500

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Mr Carl Gardner**

Mailing Address 304 Ohina Pl

City State Zip Code  
Kihei HI 96753

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HILLWOOD PARK INC RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 28 / 2015**

**Transaction ID : SA11Ai-CN17495**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Lorna J Gladstone**

Mailing Address 1161 Crest Ln

City State Zip Code  
Mc Lean VA 22101-1805

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2015**

**Transaction ID : SA11Ai-CN17680**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Virgil H Goode Jr**

Mailing Address 235 S Main St

City State Zip Code  
Rocky Mount VA 24151

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 06 / 2015**

**Transaction ID : SA11Ai-CN16162**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. William Hunter Goodwin Jr.**

Mailing Address 6705 River Road

City Henrico	State VA	Zip Code 23229-8529
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : SA11Ai-CN16154**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Sam Dixon Graham Jr.**

Mailing Address 1306 Old Logan Road

City Manakin Sabot	State VA	Zip Code 23103-2724
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HCA Physician Services	Occupation Urologist
--	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2015

**Transaction ID : SA11Ai-CN16131**

Amount of Each Receipt this Period  
250

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Sam Dixon Graham Jr.**

Mailing Address 1306 Old Logan Road

City Manakin Sabot	State VA	Zip Code 23103-2724
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HCA Physician Services	Occupation Urologist
--	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2015

**Transaction ID : SA11Ai-CN17511**

Amount of Each Receipt this Period  
500

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Mr Frank Duval Hargrove Sr.**

Mailing Address 13033 Old Ridge Road

City State Zip Code  
Beaverdam VA 23015-1744

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11Ai-CN17384**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John Gilbert Hekman**

Mailing Address 2400 Islandview Court

City State Zip Code  
Henrico VA 23233-2526

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11Ai-CN17521**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Shak Hill**

Mailing Address 5222 Rolling Rd

City State Zip Code  
Burke VA 22015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Lantern Group LLC Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11Ai-CN17372**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1350.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 58  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Patrick John Hughes**

Mailing Address 9521 Nolte Drive

City State Zip Code  
Henrico VA 23238

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2015

**Transaction ID : SA11Ai-CN17534**

Amount of Each Receipt this Period  
500

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Hugh Alan Joyce**

Mailing Address 16463 Crescent Lane W

City State Zip Code  
Montpelier VA 23192-2631

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
James River Heating & Air Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2015

**Transaction ID : SA11Ai-CN16125**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Cary Katz**

Mailing Address 1 Hughes Center Dr  
Unit 1904

City State Zip Code  
Las Vegas NV 89169

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
College Loan Corporation Board Member

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5200

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 12 / 2015

**Transaction ID : SA11Ai-CN15948**

Amount of Each Receipt this Period  
5200

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6700.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

Full Name (Last, First, Middle Initial) <b>A. Mr. Cary Katz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 12 / 2015
Mailing Address 1 Hughes Center Dr Unit 1904		<b>Transaction ID : SA11Ai-CN17686</b>
City Las Vegas	State NV	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period -2500
Name of Employer College Loan Corporation		Redesignated to General 2016  <b>[MEMO ITEM]</b> Redesignated
Occupation Board Member		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700	

Full Name (Last, First, Middle Initial) <b>B. Mr. Cary Katz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 12 / 2015
Mailing Address 1 Hughes Center Dr Unit 1904		<b>Transaction ID : SA11Ai-CN17687</b>
City Las Vegas	State NV	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2500
Name of Employer College Loan Corporation		Redesignated from Primary 2016  <b>[MEMO ITEM]</b> Redesignation
Occupation Board Member		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200	

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert Spencer Keeler Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 25 / 2015
Mailing Address 18120 Southern Cross Lane		<b>Transaction ID : SA11Ai-CN17541</b>
City Beaverdam	State VA	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000
Name of Employer Retired		
Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Faye Hines Kilpatrick**

Mailing Address Foxwood  
2048 Cardwell

City Crozier State VA Zip Code 23039

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : SA11Ai-CN16096**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Alfred Meehan King**

Mailing Address 11102 Fawn Lake Parkway

City Spotsylvania State VA Zip Code 22551-4667

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 04 / 2015**

**Transaction ID : SA11Ai-CN16124**

Amount of Each Receipt this Period  
**600**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Frederick Clinton Larmore**

Mailing Address 213 Queen Charlotte Rd

City Richmond State VA Zip Code 23221

FEC ID number of contributing federal political committee. **C**

Name of Employer Re/Max Commonwealth Occupation Realtor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 04 / 2015**

**Transaction ID : SA11Ai-CN16129**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2600.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Anne Lawrence**

Mailing Address 2585 162nd Rd

City Oxford State KS Zip Code 67119-9044

FEC ID number of contributing federal political committee. **C**

Name of Employer FAMILY FARM Occupation SELF

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 28 / 2015**

**Transaction ID : SA11Ai-CN17551**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Charles Lessin**

Mailing Address 210 Giant Dr

City Richmond State VA Zip Code 23224

FEC ID number of contributing federal political committee. **C**

Name of Employer Appalachian Biofuels Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 03 / 2015**

**Transaction ID : SA11Ai-CN16114**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Kenneth J Malloy**

Mailing Address 1037 Mansfield Crossing Rd

City North Chesterfield State VA Zip Code 23236-3170

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 05 / 2015**

**Transaction ID : SA11Ai-CN16138**

Amount of Each Receipt this Period  
**300**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1550.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. R. Brian Mitchell**

Mailing Address 13421 Stonegate Road

City Midlothian State VA Zip Code 23113-3961

FEC ID number of contributing federal political committee. **C**

Name of Employer Virginia Cancer Institute Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 06 / 2015**

**Transaction ID : SA11Ai-CN16149**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. R. Brian Mitchell**

Mailing Address 13421 Stonegate Road

City Midlothian State VA Zip Code 23113-3961

FEC ID number of contributing federal political committee. **C**

Name of Employer Virginia Cancer Institute Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11Ai-CN17573**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Donna Mosing**

Mailing Address 308 Sawgrass Ln

City Broussard State LA Zip Code 70518

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 12 / 2015**

**Transaction ID : SA11Ai-CN16198**

Amount of Each Receipt this Period  
**2600**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3850.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Greg Mosing**

Mailing Address 308 Sawgrass Ln

City Broussard State LA Zip Code 70518

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 11 / 2015

**Transaction ID : SA11Ai-CN16197**

Amount of Each Receipt this Period  
**2600**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. H Carter Myers III**

Mailing Address 440 Rookwood Dr

City Charlottesville State VA Zip Code 22903

FEC ID number of contributing federal political committee. **C**

Name of Employer Carter Myers Automotive Occupation Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 02 / 2015

**Transaction ID : SA11Ai-CN16099**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. John Maurice O'Bannon III**

Mailing Address 8111 Rose Hill Rd

City Henrico State VA Zip Code 23229

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 25 / 2015

**Transaction ID : SA11Ai-CN16052**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**4600.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Lawrence Joseph Page**

Mailing Address 1614 Genito Road

City Crozier	State VA	Zip Code 23039
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Page Auto Group	Occupation Executive
-------------------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2015

**Transaction ID : SA11Ai-CN15994**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Michael Shane Pence**

Mailing Address 16193 Derby Ridge Road

City Montpelier	State VA	Zip Code 23192-2735
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Photographer
--------------------------	----------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2015

**Transaction ID : SA11Ai-CN17210**

Amount of Each Receipt this Period  
350

In-Kind Received Photography Services

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jonathan Seth Perel**

Mailing Address 500 Old Locke Lane

City Richmond	State VA	Zip Code 23226-1718
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer GSC The Apartment People	Occupation President
--	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2015

**Transaction ID : SA11Ai-CN16725**

Amount of Each Receipt this Period  
1000

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2350.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Anthony Joseph Pericle**

Mailing Address 5229 Cobblers Stone Court

City State Zip Code  
Glen Allen VA 23059-7542

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Profitoptics Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : SA11Ai-CN17588**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John Larue Pettengill**

Mailing Address 2217 Lake Surrey Drive

City State Zip Code  
North Chesterfield VA 23235-5717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED COMMONWEALTH OF VIRGINIA RETIRED MANAGEMENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2015**

**Transaction ID : SA11Ai-CN16190**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John Hallum Phelps**

Mailing Address 5570 Tyshire Parkway

City State Zip Code  
Providence Forge VA 23140-4427

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11Ai-CN17380**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**950.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas Edworth Phillips Jr.**

Mailing Address PO Box 451

City Richmond State VA Zip Code 23218

FEC ID number of contributing federal political committee. **C**

Name of Employer USB Occupation Sr VP

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 19 / 2015**

**Transaction ID : SA11Ai-CN16210**

Amount of Each Receipt this Period  
**300**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Elizabeth S Powell D.D.S.**

Mailing Address 10050 White Shop Road

City Culpeper State VA Zip Code 22701-8365

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 10 / 2015**

**Transaction ID : SA11Ai-CN16178**

Amount of Each Receipt this Period  
**2000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Ernest H Ragland**

Mailing Address 555 Dry Well Rd N

City Natural Bridge State VA Zip Code 24578

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11Ai-CN17376**

Amount of Each Receipt this Period  
**100**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2400.00**



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Timothy R Rupli**

Mailing Address 6627 Holland St

City State Zip Code  
Mc Lean VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Timothy R Rupli & Associates Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : SA11Ai-CN17395**

Amount of Each Receipt this Period  
500

**B.** Full Name (Last, First, Middle Initial)  
**Walter A Stosch**

Mailing Address 12101 Country Hills Way

City State Zip Code  
Glen Allen VA 23059-5361

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2015

**Transaction ID : SA11Ai-CN16172**

Amount of Each Receipt this Period  
600

**C.** Full Name (Last, First, Middle Initial)  
**Mr Paul Thiel**

Mailing Address 7263 Bluebird Way

City State Zip Code  
Mechanicsville VA 23111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : SA11Ai-CN16206**

Amount of Each Receipt this Period  
500

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Mr Paul Thiel**

Mailing Address 7263 Bluebird Way

City Mechanicsville State VA Zip Code 23111

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11Ai-CN17628**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Mr Byron Thomas**

Mailing Address 2407 Wroxtton Rd

City Houston State TX Zip Code 77005

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 25 / 2015**

**Transaction ID : SA11Ai-CN17629**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Oscar Thomas Walker**

Mailing Address 9041 Wyndale Dr

City Mechanicsville State VA Zip Code 23116

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 24 / 2015**

**Transaction ID : SA11Ai-CN16023**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1300.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Douglas Andrew Welsh**

Mailing Address 110 Surrey Lane

City State Zip Code  
Locust Grove VA 22508-5274

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Data Field Solutions COO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**550**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 31 2015**

**Transaction ID : SA11Ai-CN17644**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. D. Calloway Whitehead III**

Mailing Address 5311 New Kent Rd

City State Zip Code  
Richmond VA 23225

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Whitehead Consulting consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 31 2015**

**Transaction ID : SA11Ai-CN17646**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Emory Eugene Williams**

Mailing Address 9150 James Riverwatch Drive

City State Zip Code  
Richmond VA 23235-1473

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 31 2015**

**Transaction ID : SA11Ai-CN17648**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**550.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Mr William Wilson**

Mailing Address 10424 Woodbury Woods Ct

City State Zip Code  
Fairfax VA 22032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Market Research Foundation Association executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 25 / 2015**

**Transaction ID : SA11Ai-CN17650**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Richard Warren Wright**

Mailing Address 9 Foxmere Drive

City State Zip Code  
Henrico VA 23238

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wright Group Inc. Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 27 / 2015**

**Transaction ID : SA11Ai-CN16063**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1250.00**

**49450.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 58
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Action Committee For Rural Electrification (ACRE)**

Mailing Address 4301 Wilson Blvd

City State Zip Code  
Arlington VA 22203-1860

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 20 / 2015

**Transaction ID : SA11C-CN16727**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Citizens United Political Victory Fund**

Mailing Address 1006 Pennsylvania Ave. SE

City State Zip Code  
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00295527

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : SA11C-CN17685**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**Credit Union Legislative Action Council (CULAC) PAC**

Mailing Address 601 Pennsylvania Ave NW  
South Bldg Ste 600

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 06 / 2015

**Transaction ID : SA11C-CN16200**

Amount of Each Receipt this Period  
1000

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**CSX Good Government Fund**

Mailing Address 1331 Pennsylvania Ave NW STE 560  
National Place

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 20 / 2015

**Transaction ID : SA11C-CN17397**

Amount of Each Receipt this Period  
2000

**B.** Full Name (Last, First, Middle Initial)  
**Dealers Election Action Cmte Of The National Automobile Dealers Assn**

Mailing Address 412 First St SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11C-CN17377**

Amount of Each Receipt this Period  
5000

**C.** Full Name (Last, First, Middle Initial)  
**Dominion PAC**

Mailing Address One James River Plaza 20th Floor  
PO Box 26666

City Richmond State VA Zip Code 23261

FEC ID number of contributing federal political committee. **C** C00108209

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11C-CN17378**

Amount of Each Receipt this Period  
1000

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Farrell For Delegate**

Mailing Address 25 E Main St

City Richmond State VA Zip Code 23219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 06 / 2015**

**Transaction ID : SA11C-CN16158**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Freedomworks PAC**

Mailing Address 400 N Capitol St NW Ste 765

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00353227**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **950**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : SA11C-CN17681**

Amount of Each Receipt this Period  
**950**

**C.** Full Name (Last, First, Middle Initial)  
**Friends Of Manoli Loupassi**

Mailing Address 6002-A W Broad Street Suite 200

City Richmond State VA Zip Code 23230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : SA11C-CN16073**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1950.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Friends Of Steve Martin**

Mailing Address 9501-D Hull St Rd

City State Zip Code  
N. Chesterfield VA 23236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2015

**Transaction ID : SA11C-CN16182**

Amount of Each Receipt this Period  
200

**B.** Full Name (Last, First, Middle Initial)  
**Honeywell International PAC**

Mailing Address 101 Constitution Ave NW  
Ste 500 West

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1917.92

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015

**Transaction ID : SA11C-CN15990**

Amount of Each Receipt this Period  
1917.92

**C.** Full Name (Last, First, Middle Initial)  
**Honeywell International PAC**

Mailing Address 101 Constitution Ave NW  
Ste 500 West

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1996.51

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015

**Transaction ID : SA11C-CN15991**

Amount of Each Receipt this Period  
78.59

In Kind  
In-Kind Received Catering Expense

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2196.51



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A. Honeywell International PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 101 Constitution Ave NW  
Ste 500 West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**02 / 12 / 2015**

**Transaction ID : SA11C-CN15992**

Amount of Each Receipt this Period  
**3.49**

In Kind

In-Kind Received Room Rental

**B. House Liberty Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address 701 8th St NW  
Ste 500

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 17 / 2015**

**Transaction ID : SA11C-CN17396**

Amount of Each Receipt this Period  
**5000**

**C. New York Life Insurance PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 51 Madison Ave  
Room 1109

City New York State NY Zip Code 10010

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 23 / 2015**

**Transaction ID : SA11C-CN16726**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**6003.49**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**NiSource Inc. PAC**

Mailing Address 200 Civic Center Dr

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C C00051979**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : SA11C-CN17684**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Rolls-Royce North America PAC**

Mailing Address 1875 Explorer St Ste 200

City Reston State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C C00296822**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 20 / 2015**

**Transaction ID : SA11C-CN15954**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**TRUCK PAC**

Mailing Address 430 First St. S. E.

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00002881**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 18 / 2015**

**Transaction ID : SA11C-CN16205**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3000.00**

**24150.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 58
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**HB Broad Street LLC**

Mailing Address **PO Box 759013**

City **Baltimore** State **MD** Zip Code **21275**

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **1935**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 23 / 2015**

**Transaction ID : SA14-ER8**

Amount of Each Receipt this Period  
**1935**

Expenditure Refund

**B.** Full Name (Last, First, Middle Initial)  
**Greater Richmond Convention Center**

Mailing Address **403 N 3rd St**

City **Richmond** State **VA** Zip Code **23219**

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **1029.56**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA14-ER9**

Amount of Each Receipt this Period  
**1029.56**

Expenditure Refund

**C.** Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2964.56**

**2964.56**

**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 36 OF 58		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address 10000 W Broad St		Amount of Each Disbursement this Period 52.50
City Glen Allen	State VA	
Zip Code 23060	Purpose of Disbursement Bank Fee	<b>Transaction ID : SB17-EX2281</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Bank Fee
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 10000 W Broad St		Amount of Each Disbursement this Period 15.00
City Glen Allen	State VA	
Zip Code 23060	Purpose of Disbursement Bank Fee	<b>Transaction ID : SB17-EX2212</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Bank Fee
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 10000 W Broad St		Amount of Each Disbursement this Period 33.66
City Glen Allen	State VA	
Zip Code 23060	Purpose of Disbursement Bank Fee	<b>Transaction ID : SB17-EX2229</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Bank Fee
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	101.66
<b>TOTAL</b> 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 37 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 10000 W Broad St		Amount of Each Disbursement this Period 15.00
City Glen Allen	State VA	
Zip Code 23060	Purpose of Disbursement Bank Fee	<b>Transaction ID : SB17-EX2224</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Bank Fee
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address 10000 W Broad St		Amount of Each Disbursement this Period 40.01
City Glen Allen	State VA	
Zip Code 23060	Purpose of Disbursement Bank Fee	<b>Transaction ID : SB17-EX2267</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Bank Fee
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Minuteman Press</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 10148 W Broad St Ste 201		Amount of Each Disbursement this Period 104.25
City Glen Allen	State VA	
Zip Code 23060	Purpose of Disbursement Printing Expense	<b>Transaction ID : SB17-EX2167</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Printing Expense
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	159.25
<b>TOTAL</b> 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 38 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

Full Name (Last, First, Middle Initial) <b>A. Minuteman Press</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2015
Mailing Address 10148 W Broad St Ste 201		Amount of Each Disbursement this Period 104.25
City Glen Allen	State VA	Zip Code 23060
Purpose of Disbursement Printing Expense	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2204
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Printing Expense	

Full Name (Last, First, Middle Initial) <b>B. Minuteman Press</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 10148 W Broad St Ste 201		Amount of Each Disbursement this Period 1515.08
City Glen Allen	State VA	Zip Code 23060
Purpose of Disbursement Postage	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2219
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Postage	

Full Name (Last, First, Middle Initial) <b>C. Minuteman Press</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 10148 W Broad St Ste 201		Amount of Each Disbursement this Period 4289.12
City Glen Allen	State VA	Zip Code 23060
Purpose of Disbursement Printing Expense	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2220
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Printing Expense	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5908.45
<b>TOTAL</b> 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 39 OF 58			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

Full Name (Last, First, Middle Initial) <b>A. Minuteman Press</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2015
Mailing Address 10148 W Broad St Ste 201		Amount of Each Disbursement this Period 152.69
City Glen Allen	State VA	
Zip Code 23060	Purpose of Disbursement Printing Expense	<b>Transaction ID : SB17-EX2240</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Printing Expense
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service</b>		Date of Disbursement MM / DD / YYYY 01 / 21 / 2015
Mailing Address 4990 Sadler Pl		Amount of Each Disbursement this Period 49.00
City Glen Allen	State VA	
Zip Code 23060	Purpose of Disbursement Postage	<b>Transaction ID : SB17-EX2282</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Postage
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Postal Service</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2015
Mailing Address 4990 Sadler Pl		Amount of Each Disbursement this Period 50.61
City Glen Allen	State VA	
Zip Code 23060	Purpose of Disbursement Postage	<b>Transaction ID : SB17-EX2227</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Postage
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	252.30
<b>TOTAL</b> 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 40 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 4990 Sadler Pl		Amount of Each Disbursement this Period 98.00
City Glen Allen	State VA	
Zip Code 23060	Purpose of Disbursement Postage	<b>Transaction ID : SB17-EX2271</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Postage
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Campaign Marketing Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address 3240 Wilson Blvd Ste 202		Amount of Each Disbursement this Period 1442.31
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement Robocalls	<b>Transaction ID : SB17-EX2191</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Robocalls
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Vanco Services LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2015
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period 222.12
City Hopkins	State MN	
Zip Code 55343	Purpose of Disbursement Processing Fee	<b>Transaction ID : SB17-EX2248</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Processing Fee
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1762.43
<b>TOTAL</b> 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 41 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

Full Name (Last, First, Middle Initial) <b>A. Vanco Services LLC</b>			Date of Disbursement MM / DD / YYYY 02 / 28 / 2015
Mailing Address 12600 Whitewater Drive Suite 200			Amount of Each Disbursement this Period \$ 159.44 <b>Transaction ID : SB17-EX2245</b>
City Hopkins	State MN	Zip Code 55343	
Purpose of Disbursement Processing Fee	Candidate Name		Processing Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) <b>B. Vanco Services LLC</b>			Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 12600 Whitewater Drive Suite 200			Amount of Each Disbursement this Period \$ 522.86 <b>Transaction ID : SB17-EX2246</b>
City Hopkins	State MN	Zip Code 55343	
Purpose of Disbursement Processing Fee	Candidate Name		Processing Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) <b>C. ADP</b>			Date of Disbursement MM / DD / YYYY 01 / 27 / 2015
Mailing Address 1 ADP Boulevard			Amount of Each Disbursement this Period \$ 187.90 <b>Transaction ID : SB17-EX2209</b>
City Roseland	State NJ	Zip Code 07068	
Purpose of Disbursement Payroll Fees	Candidate Name		Payroll Fees
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 001		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ 870.20
<b>TOTAL</b> 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 42 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

Full Name (Last, First, Middle Initial) <b>A. Constant Contact</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 1601 Trapelo Road		Amount of Each Disbursement this Period 60.00
City Waltham	State MA	Zip Code 02451
Purpose of Disbursement Email List Mgmt	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX2210	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Email List Mgmt
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Agliano Group LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2015
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 1076.25
City Glen Allen	State VA	Zip Code 23058
Purpose of Disbursement Financial Consulting	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX2165	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Financial Consulting
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Agliano Group LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2015
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 1715.00
City Glen Allen	State VA	Zip Code 23058
Purpose of Disbursement Financial Consulting	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX2213	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Financial Consulting
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2851.25
<b>TOTAL</b> 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 43 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

Full Name (Last, First, Middle Initial) <b>A. The Agliano Group LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2015
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 999,999.99 665.00
City Glen Allen	State VA	
Zip Code 23058	Purpose of Disbursement Financial Consulting	<b>Transaction ID : SB17-EX2239</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Financial Consulting
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 999,999.99 133.34
City Wallingford	State CT	
Zip Code 06492	Purpose of Disbursement Phone Expense	<b>Transaction ID : SB17-EX2247</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Phone Expense
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2015
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 999,999.99 133.47
City Wallingford	State CT	
Zip Code 06492	Purpose of Disbursement Phone Expense	<b>Transaction ID : SB17-EX2244</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Phone Expense
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	931.81
<b>TOTAL</b> 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 44 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 138.49
City Wallingford	State CT	
Zip Code 06492	Purpose of Disbursement Phone Expense	<b>Transaction ID : SB17-EX2262</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Phone Expense
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MoreInformation.Net LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address PO Box 1198		Amount of Each Disbursement this Period 525.00
City Forest	State VA	
Zip Code 24551	Purpose of Disbursement Communications Consulting	<b>Transaction ID : SB17-EX2254</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Communications Consulting
State: District:		

Full Name (Last, First, Middle Initial) <b>c. RingCentral Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 1400 Fashion Island Blvd #700		Amount of Each Disbursement this Period 61.44
City San Mateo	State CA	
Zip Code 94404	Purpose of Disbursement Phone Expense	<b>Transaction ID : SB17-EX2285</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Phone Expense
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	724.93
<b>TOTAL</b> 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 45 OF 58	
	<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) <b>A. RingCentral Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2015
Mailing Address 1400 Fashion Island Blvd #700			Amount of Each Disbursement this Period 61.45
City San Mateo	State CA	Zip Code 94404	Transaction ID : SB17-EX2228
Purpose of Disbursement Phone Expense		001 Category/ Type	
Candidate Name			Phone Expense
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. RingCentral Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015
Mailing Address 1400 Fashion Island Blvd #700			Amount of Each Disbursement this Period 61.45
City San Mateo	State CA	Zip Code 94404	Transaction ID : SB17-EX2266
Purpose of Disbursement Phone Expense		001 Category/ Type	
Candidate Name			Phone Expense
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Sara James</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address PO Box 5094			Amount of Each Disbursement this Period 1000.00
City Glen Allen	State VA	Zip Code 23058	Transaction ID : SB17-EX2161
Purpose of Disbursement Communications Consulting		001 Category/ Type	
Candidate Name			Communications Consulting
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1122.90
<b>TOTAL</b> 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 46 OF 58	
	<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) <b>A. Sara James</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 59.00
City Glen Allen	State VA	Zip Code 23058
Purpose of Disbursement Reimburse - See Memo	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2192
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Reimburse - See Memo	

Full Name (Last, First, Middle Initial) <b>B. Aring Typeface AB</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address Online Company		Amount of Each Disbursement this Period 59.00
City	State	Zip Code
Purpose of Disbursement Software	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2193
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>c. Sara James</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2015
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 2000.00
City Glen Allen	State VA	Zip Code 23058
Purpose of Disbursement Communications Consulting	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2201
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Communications Consulting	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2059.00
<b>TOTAL</b> 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 47 OF 58			
	<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) <b>A. Sara James</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2015
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 2000.00
City Glen Allen	State VA	
Zip Code 23058	Purpose of Disbursement Communications Consulting	<b>Transaction ID : SB17-EX2206</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Communications Consulting
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Stoneridge Group LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address 4400 North Point Pkwy Ste 190		Amount of Each Disbursement this Period 19.95
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Website Fee	<b>Transaction ID : SB17-EX2211</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Website Fee
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Stoneridge Group LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 4400 North Point Pkwy Ste 190		Amount of Each Disbursement this Period 19.95
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Website Fee	<b>Transaction ID : SB17-EX2225</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Website Fee
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2039.90
<b>TOTAL</b> 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 48 OF 58			
	<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) <b>A. The Stoneridge Group LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 4400 North Point Pkwy Ste 190			Amount of Each Disbursement this Period 19.95
City Alpharetta	State GA	Zip Code 30022	Transaction ID : SB17-EX2278
Purpose of Disbursement Website Fee		Category/ Type 001	
Candidate Name			Website Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Walker Green</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2015
Mailing Address PO Box 5094			Amount of Each Disbursement this Period 2000.00
City Glen Allen	State VA	Zip Code 23058	Transaction ID : SB17-EX2164
Purpose of Disbursement Fundraising Consulting		Category/ Type 001	
Candidate Name			Fundraising Consulting
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Walker Green</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address PO Box 5094			Amount of Each Disbursement this Period 1000.00
City Glen Allen	State VA	Zip Code 23058	Transaction ID : SB17-EX2208
Purpose of Disbursement Fundraising Consulting		Category/ Type 001	
Candidate Name			Fundraising Consulting
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3019.95
<b>TOTAL</b> 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 49 OF 58			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Walker Green</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2015
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 1000.00
City Glen Allen	State VA	Zip Code 23058
Purpose of Disbursement Fundraising Consulting	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2223
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Fundraising Consulting	

Full Name (Last, First, Middle Initial) <b>B. Mr Steven Mond</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2015
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 500.00
City Henrico	State VA	Zip Code 23058
Purpose of Disbursement Technical Consulting	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2200
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Technical Consulting	

Full Name (Last, First, Middle Initial) <b>C. Mr Steven Mond</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2015
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 1000.00
City Henrico	State VA	Zip Code 23058
Purpose of Disbursement Technical Consulting	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2222
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Technical Consulting	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2500.00
<b>TOTAL</b> 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 50 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

Full Name (Last, First, Middle Initial) <b>A. Google Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 102.39
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Technical Support	Category/Type 001	<b>Transaction ID : SB17-EX2180</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Technical Support
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Google Services</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 65.00
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Technical Support	Category/Type 001	<b>Transaction ID : SB17-EX2237</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Technical Support
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Google Services</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 65.89
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Technical Support	Category/Type 001	<b>Transaction ID : SB17-EX2238</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Technical Support
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	233.28
<b>TOTAL</b> 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 51 OF 58			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

Full Name (Last, First, Middle Initial) <b>A. Political Equity Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2015
Mailing Address 3213 Duke St #685		Amount of Each Disbursement this Period 3295.22
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Fundraising Consulting	<b>Transaction ID : SB17-EX2166</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fundraising Consulting
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Political Equity Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2015
Mailing Address 3213 Duke St #685		Amount of Each Disbursement this Period 2273.33
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Fundraising Consulting	<b>Transaction ID : SB17-EX2202</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fundraising Consulting
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Political Equity Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 3213 Duke St #685		Amount of Each Disbursement this Period 2072.00
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Fundraising Consulting	<b>Transaction ID : SB17-EX2242</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fundraising Consulting
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7640.55
<b>TOTAL</b> 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 52 OF 58	
	<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) <b>A. Marco Promotional Products</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 06 / 2015</b>
Mailing Address 2640 Commerce Drive		Amount of Each Disbursement this Period <b>347.10</b>
City Harrisburg State PA Zip Code 17110	Purpose of Disbursement Event Supplies	
Candidate Name	Category/Type <b>001</b>	<b>Transaction ID : SB17-EX2252</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Event Supplies	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ashby Law PLLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 22 / 2015</b>
Mailing Address 919 Prince St		Amount of Each Disbursement this Period <b>1113.75</b>
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Legal Services	
Candidate Name	Category/Type <b>001</b>	<b>Transaction ID : SB17-EX2194</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Legal Services	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ashby Law PLLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 16 / 2015</b>
Mailing Address 919 Prince St		Amount of Each Disbursement this Period <b>82.50</b>
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Legal Services	
Candidate Name	Category/Type <b>001</b>	<b>Transaction ID : SB17-EX2205</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Legal Services	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1543.35</b>
<b>TOTAL</b> 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 53 OF 58	
	<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) <b>A. The Printing Express LLC</b>			Date of Disbursement MM / DD / YYYY 02 / 16 / 2015
Mailing Address 21 Warehouse Rd			Amount of Each Disbursement this Period 1053.00
City Harrisonburg	State VA	Zip Code 22801	
Purpose of Disbursement Printing Expense		Category/ Type 001	<b>Transaction ID : SB17-EX2203</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Printing Expense
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Mr. Eric S Dodge</b>			Date of Disbursement MM / DD / YYYY 01 / 21 / 2015
Mailing Address PO Box 5094			Amount of Each Disbursement this Period 110.26
City Glen Allen	State VA	Zip Code 23058	
Purpose of Disbursement Reimburse - See Memo		Category/ Type 001	<b>Transaction ID : SB17-EX2189</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Reimburse - See Memo
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Jason's Deli</b>			Date of Disbursement MM / DD / YYYY 01 / 21 / 2015
Mailing Address 11740 West Broad St			Amount of Each Disbursement this Period 110.26
City Richmond	State VA	Zip Code 23233	
Purpose of Disbursement Food		Category/ Type 001	<b>Transaction ID : SB17-EX2190</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1163.26
<b>TOTAL</b> 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 54 OF 58	
	<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) <b>A. Mr. Eric S Dodge</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2015
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 2000.00
City Glen Allen	State VA	
Zip Code 23058	Purpose of Disbursement General Campaign Consulting	<b>Transaction ID : SB17-EX2199</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	General Campaign Consulting
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Eric S Dodge</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2015
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 2000.00
City Glen Allen	State VA	
Zip Code 23058	Purpose of Disbursement General Campaign Consulting	<b>Transaction ID : SB17-EX2221</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	General Campaign Consulting
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Greater Richmond Convention Center</b>		Date of Disbursement MM / DD / YYYY 02 / 06 / 2015
Mailing Address 403 N 3rd St		Amount of Each Disbursement this Period 1848.00
City Richmond	State VA	
Zip Code 23219	Purpose of Disbursement Event Space Fee	<b>Transaction ID : SB17-EX2214</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Event Space Fee
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5848.00
<b>TOTAL</b> 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 55 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

Full Name (Last, First, Middle Initial) <b>A. Greater Richmond Convention Center</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2015
Mailing Address 403 N 3rd St		Amount of Each Disbursement this Period 435.17
City Richmond	State VA Zip Code 23219	
Purpose of Disbursement Event Space Fee	Category/Type 001	<b>Transaction ID : SB17-EX2218</b>
Candidate Name	Event Space Fee	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aramark</b>		Date of Disbursement MM / DD / YYYY 02 / 06 / 2015
Mailing Address 601 E Leigh St		Amount of Each Disbursement this Period 7000.00
City Richmond	State VA Zip Code 23219	
Purpose of Disbursement Event Food and Beverage	Category/Type 001	<b>Transaction ID : SB17-EX2216</b>
Candidate Name	Event Food and Beverage	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Aramark</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2015
Mailing Address 601 E Leigh St		Amount of Each Disbursement this Period 146.91
City Richmond	State VA Zip Code 23219	
Purpose of Disbursement Event Food and Beverage	Category/Type 001	<b>Transaction ID : SB17-EX2217</b>
Candidate Name	Event Food and Beverage	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7582.08
<b>TOTAL</b> 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 56 OF 58			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

Full Name (Last, First, Middle Initial) <b>A. Aramark</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 601 E Leigh St		Amount of Each Disbursement this Period 799.97
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement Event Food and Beverage	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX2243	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Event Food and Beverage
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aramark</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address 601 E Leigh St		Amount of Each Disbursement this Period 399.99
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement Event Food and Beverage	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX2260	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Event Food and Beverage
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PSAV</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 403 N 3RD ST		Amount of Each Disbursement this Period 2240.98
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement A/V Equipment for Event	Category/Type 001	
Candidate Name	Transaction ID : SB17-EX2241	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	A/V Equipment for Event
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3440.98
<b>TOTAL</b> 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 57 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

Full Name (Last, First, Middle Initial) <b>A. Max's On Broad</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 305 Brook Rd		Amount of Each Disbursement this Period 262.60
City Richmond	State VA Zip Code 23220	
Purpose of Disbursement Food and Beverage	Category/Type 001	<b>Transaction ID : SB17-EX2253</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Food and Beverage
State: District:		

Full Name (Last, First, Middle Initial) <b>B. We Think In Ink</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 305 England St		Amount of Each Disbursement this Period 579.15
City Ashland	State VA Zip Code 23005	
Purpose of Disbursement Printing Expense	Category/Type 001	<b>Transaction ID : SB17-EX2261</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Printing Expense
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Honeywell International PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address 101 Constitution Ave NW Ste 500 West		Amount of Each Disbursement this Period 78.59
City Washington	State DC Zip Code 20001	
Purpose of Disbursement IN-KIND RECEIVED Catering Expense	Category/Type	<b>Transaction ID : SB17-CN15991</b>
Candidate Name <b>Honeywell International PAC</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016	In-Kind Received Catering Expense
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	920.34
<b>TOTAL</b> 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 58 OF 58			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Brat Inc.**

Full Name (Last, First, Middle Initial) <b>A. Honeywell International PAC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address 101 Constitution Ave NW Ste 500 West			Amount of Each Disbursement this Period 3.49
City Washington	State DC	Zip Code 20001	
Purpose of Disbursement IN-KIND RECEIVED Room Rental		Category/ Type	<b>Transaction ID : SB17-CN15992</b>
Candidate Name <b>Honeywell International PAC</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016		In-Kind Received Room Rental
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael Shane Pence</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 16193 Derby Ridge Road			Amount of Each Disbursement this Period 350.00
City Montpelier	State VA	Zip Code 23192	
Purpose of Disbursement IN-KIND RECEIVED Photography Services		Category/ Type	<b>Transaction ID : SB17-CN17210</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2016		In-Kind Received Photography Services
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	353.49
<b>TOTAL</b> This Period (last page this line number only).....	53028.83