04/27/2018 10 : 24

Image# 201804279111735726 PAGE 1/2

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

NAME OF COMMITTEE IN FI Friends of Dav									
ADDRESS (number and stree	PO Box 5094								
CITY STATE				ZIP CODE		_			
Glen Allen			VA	23058 3. OFFICE SOUGHT (State and District)			4 550 105117151047101		
2. NAME OF CANDIDATE Brat, David, Alan, Mi	r.,			House	,	VA 07	4. FEC IDENTIFICATION NUMBER C00554949		
5. IS THIS AN AMENDMENT?	NO, THIS IS A	NEW FILING		YES, IT AME	NDS THE	NOTICE FILED ON			
A. FULL NAME Dominion PAC				Name of Employer			Date (month, day, year)	Amount	
MAILING ADDRESS One James River Plaza 20th Floor PO Box 26666				Transaction ID : F65-CN35648			04/26/2018	1500.00	
CITY	STATE	ZIP C	ODE	Occupation					
Richmond	VA	VA 23261							
B. FULL NAME NRA-Political Victory Fund				Name of Employer			Date (month, day, year)	Amount	
MAILING ADDRESS 11250 Waples Mill Rd				Transaction ID : F65-CN35644			04/26/2018	1000.00	
CITY STATE ZIP CODE		ODE	Occupation						
Fairfax	VA 22030		30						
c. FULL NAME Support To Ensur	FULL NAME Support To Ensure Victory Everywhere PAC			Name of Employer			Date (month, day, year)	Amount	
MAILING ADDRESS 228 S Washington St				Transaction ID : F65-CN35645			04/26/2018	5000.00	
Ste 115 CITY	STATE	ZIP C	ODE	Occupation					
Alexandria	VA	223	14						
	VA	223	14	N (F)			Date (month,	Amount	
Page, Lawrence, Joseph, Mr.,				Name of Employer Page Auto Group		day, year)	Amount		
MAILING ADDRESS 1614 Genito Rd				Transaction ID : F65-CN35639			04/26/2018	1700.00	
CITY	STATE	ZIP C	ODE	Occupation	ID . FU	D-CN33039			
Crozier	VA)39	Executive					
e. FULL NAME Page, Lawrence, Joseph, Mr.,				Name of Employer Page Auto Group			Date (month, day, year)	Amount	
MAILING ADDRESS 1614 Genito Rd				Transaction ID : ESE CN35640			04/26/2018	2300.00	
CITY STATE ZIP CODE		ODE	Transaction ID : F65-CN35640 Occupation						
				·					
Crozier	VA	230	139	Executive					
SIGNATURE (optional) Agliano, Debbie, , Mrs.,			[Electronically Filed] DATE 04/27/2018 For further information conta Federal Election Commission 999 E Street, NW, Washington, DC Toll Free 800-424-9530, Local 202-69		ction Commission Washington, DC 20463				



Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.



48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

NAME OF COMMITTEE IN FULL Friends of Dave Brat Inc.			7	
ADDRESS (number and street) PO Box 5094			-	
CITY, STATE, and ZIP CODE		VA 23058	continuation	page
Glen Allen 2. NAME OF CANDIDATE		VA 23058 3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION N	<u> </u>
Brat, David, Alan, Mr.,		House VA 07	C00554949	
Brat, Bavia, Mari, Mr.,		110000 777	000004040	
5. IS THIS AN AMENDMENT? X NO, THIS IS	A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	///	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Page, Linda, Anne, Mrs.,		None	day, year)	
3 , , , , ,			04/26/2018	2700.00
1614 Genito Rd				
		Transaction ID : F65-CN35641		
Crozier	VA 23039	Occupation		
		Homemaker	Date (month,	Amount
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	day, year)	Amount
Page, Linda, Anne, Mrs.,		None		
1614 Genito Rd			04/26/2018	1300.00
1014 Gerillo IV.		Transaction ID : F65-CN35642		
		Occupation		
Crozier	VA 23039	Homemaker		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Rapp, Phil, , ,		Retired	day, year)	
ταρρ, τ, , ,		1.00	04/26/2018	1000.00
14505 St Stephens PI				
		Transaction ID: F65-CN35637		
Midlathian	\/A 00440	Occupation		
Midlothian	VA 23113	Retired	5	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount
		Occupation	_	
		Cocapation		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
		Tamo of Employor	day, year)	
		Occupation		