

# 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

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

M M /

D D /

Y Y Y Y

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

FEC FORM 3 (Revised 02/2003)

**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
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	113755.95	230216.48
(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)).....	113755.95	230116.48
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	75827.88	233162.08
(b) Total Offsets to Operating Expenditures (from Line 14).....	.00	3021.56
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	75827.88	230140.52
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	170455.15	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	9850.00	

**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: M M / D D / Y Y Y Y 04 / 01 / 2015 To: M M / D D / Y Y Y Y 06 / 30 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	72510.00	123210.00
(ii) Unitemized.....	24938.35	60048.88
(iii) TOTAL of contributions from individuals ▶	97448.35	183258.88
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	16307.60	46957.60
(d) The Candidate.....	.00	.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	113755.95	230216.48
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	18000.00	18000.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	.00	3021.56
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	.00	.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	131755.95	251238.04

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	75827.88	233162.08
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 .....	1000.00	1000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	76827.88	234262.08

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	115527.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	131755.95
25. SUBTOTAL (add Line 23 and Line 24).....	247283.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	76827.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	170455.15

**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 77
	<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)  
**The Oyster Company Of Virginia LLC**

Mailing Address PO Box 401

City North State VA Zip Code 23128

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  
**04 / 25 / 2015**

**Transaction ID : SA11Ai-CN17989**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. William Tolar Nolley Jr**

Mailing Address PO Box 401

City North State VA Zip Code 23128

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

Name of Employer Occupation  
 The Oyster Company Of Virginia Founder

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  
**04 / 25 / 2015**

**Transaction ID : SA11Ai-CN17990**

Amount of Each Receipt this Period  
**1000**

Partnership-The Oyster Company Of Virg  
**[MEMO ITEM]**  
 \$1000.00 MEMO Partnership Attributed

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Robert W Annand**

Mailing Address 6515 Beverly Ave

City Mc Lean State VA Zip Code 22101

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

Name of Employer Occupation  
 Applied Information Sciences Finance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11Ai-CN19593**

Amount of Each Receipt this Period  
**50**

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

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

**1050.00**

**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 77
	<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. Mr. Frederick Baird**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 637 25th St S  
 City Arlington State VA Zip Code 22202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Off Hill Strategies Occupation Lobbyist / 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  
 05 / 06 / 2015  
**Transaction ID : SA11Ai-CN18007**  
 Amount of Each Receipt this Period  
**500**

**B. Mrs. Jennifer Baird**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 637 25th St S  
 City Arlington State VA Zip Code 22202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Off Hill Strategies Occupation Lobbyist / 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  
 05 / 06 / 2015  
**Transaction ID : SA11Ai-CN18006**  
 Amount of Each Receipt this Period  
**500**

**C. Mr. Whit Baldwin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5721 Gulfstream Rd  
 City Richmond State VA Zip Code 23250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HeloAir 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  
 04 / 24 / 2015  
**Transaction ID : SA11Ai-CN18040**  
 Amount of Each Receipt this Period  
**2700**  
 Event Space Rental  
 In-Kind Received Event Space Rental

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

**3700.00**

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

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

FOR LINE NUMBER: PAGE 7 OF 77  
(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. Whit Baldwin**

Mailing Address 5721 Gulfstream Rd

City Richmond State VA Zip Code 23250

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

Name of Employer HeloAir Inc Occupation President

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  
**04 / 24 / 2015**

**Transaction ID : SA11Ai-CN18041**

Amount of Each Receipt this Period  
**2300**

Event Space Rental

In-Kind Received Event Space Rental

**B.** 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 **400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : SA11Ai-CN19599**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Robert Rekedal Beskin**

Mailing Address 12218 Country Hills Terrace

City Glen Allen State VA Zip Code 23059-5339

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

Name of Employer Commonwealth Radiology PC 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 Y Y  
**04 / 19 / 2015**

**Transaction ID : SA11Ai-CN17984**

Amount of Each Receipt this Period  
**500**

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

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

**2900.00**

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

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

FOR LINE NUMBER: PAGE 8 OF 77  
(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)  
**Ms. Irene Painter Bishop**

Mailing Address 109 Beverly Road

City Ashland State VA Zip Code 23005-1803

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 **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : SA11Ai-CN19577**

Amount of Each Receipt this Period  
**2000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Morton C Blackwell**

Mailing Address 3128 17th St N

City Arlington State VA Zip Code 22201-5202

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

Name of Employer Leadership Institute 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  
**06 / 03 / 2015**

**Transaction ID : SA11Ai-CN18646**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 11826 Fawn Lake Parkway

City Spotsylvania State VA Zip Code 22551-4697

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

Name of Employer Self Occupation Executive Coach

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  
**04 / 14 / 2015**

**Transaction ID : SA11Ai-CN17967**

Amount of Each Receipt this Period  
**250**

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

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

**3250.00**



**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 77
	<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)  
**Mr. Craig R Brown**

Mailing Address 3326 Marsden Pt

City State Zip Code  
Keswick VA 22947-9132

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

Name of Employer Occupation  
Renaissance Nutrition Inc 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  
 06 / 03 / 2015

**Transaction ID : SA11Ai-CN18645**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Reginald James Brown**

Mailing Address 317 Mansion Dr

City State Zip Code  
Alexandria VA 22302

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

Name of Employer Occupation  
WilmerHale Lawyer

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  
 06 / 11 / 2015

**Transaction ID : SA11Ai-CN18641**

Amount of Each Receipt this Period  
1000

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

Mailing Address 11930 Aberdeen Landing Ter

City State Zip Code  
Midlothian VA 23113

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

Name of Employer Occupation  
W Carnes Inc Developer

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  
 06 / 29 / 2015

**Transaction ID : SA11Ai-CN19583**

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: PAGE 10 OF 77  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Derwood S Chase Jr**

Mailing Address 300 Preston Ave St 500

City Charlottesville State VA Zip Code 22902

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

Name of Employer Chase Investment Occupation Investment Advisor

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  
**06 / 16 / 2015**

**Transaction ID : SA11Ai-CN18797**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 17376 Albert Drive

City Culpeper State VA Zip Code 22701-9300

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 **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 18 / 2015**

**Transaction ID : SA11Ai-CN18661**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 17376 Albert Drive

City Culpeper State VA Zip Code 22701-9300

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 **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 18 / 2015**

**Transaction ID : SA11Ai-CN18660**

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 11 OF 77
	<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. John Alfred Cox**

Mailing Address 13407 Blanton Rd

City Ashland State VA Zip Code 23005

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  
**06 / 29 / 2015**

**Transaction ID : SA11Ai-CN19553**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Brian Wayne Derreberry**

Mailing Address 1214 Copperstone Ct.

City Maidens State VA Zip Code 23102

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

Name of Employer Dominion Power Occupation Engineer

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  
**06 / 30 / 2015**

**Transaction ID : SA11Ai-CN19620**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Craig Patrick DiSesa**

Mailing Address 12350 North Oaks Dr

City Ashland State VA Zip Code 23005

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

Name of Employer Self Employed Occupation Public policy/multi media

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  
**06 / 30 / 2015**

**Transaction ID : SA11Ai-CN19558**

Amount of Each Receipt this Period  
**300**

**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: PAGE 12 OF 77  
(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. John Stokeley Fulton Jr.**

Mailing Address 3901 Dover Road

City Richmond State VA Zip Code 23221-3320

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

Name of Employer Requested Occupation Best Efforts

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  
**04 / 24 / 2015**

**Transaction ID : SA11Ai-CN17979**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Clayton Eugene Gits**

Mailing Address 13721 Solstice Close

City Midlothian State VA Zip Code 23113-3933

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

Name of Employer Requested Occupation Real Estate Sales

The Gits Group LLC

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  
**04 / 25 / 2015**

**Transaction ID : SA11Ai-CN17976**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. William Ronald Halevy**

Mailing Address 17355 Chatham Court

City Jeffersonton State VA Zip Code 22724-2702

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

Name of Employer Requested Occupation Safety & Health Consultant

Self

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  
**05 / 16 / 2015**

**Transaction ID : SA11Ai-CN18416**

Amount of Each Receipt this Period  
**100**

**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 13 OF 77
	<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 Ronald Halevy**

Mailing Address 17355 Chatham Court

City State Zip Code  
Jeffersonton VA 22724-2702

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

Name of Employer Self Occupation Safety & Health Consultant

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  
 06 / 27 / 2015

**Transaction ID : SA11Ai-CN19829**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Janet Henderson**

Mailing Address 4325 Federal Hill Rd

City State Zip Code  
Street MD 21154-1124

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 **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2015

**Transaction ID : SA11Ai-CN19560**

Amount of Each Receipt this Period  
 2700

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Robert W Henderson**

Mailing Address 4325 Federal Hill Rd

City State Zip Code  
Street MD 21154-1124

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

Name of Employer Nutramax Laboratories Inc Occupation Chairman

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  
 06 / 16 / 2015

**Transaction ID : SA11Ai-CN19561**

Amount of Each Receipt this Period  
 2700

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

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

5500.00

**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 77
	<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)  
**Mr Michael Hendricks**

Mailing Address 738 Richvale Ln

City Houston State TX Zip Code 77062

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

Name of Employer AAA Texas Occupation Claims adjuster

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **210**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11Ai-CN19640**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Cmdr Thomas B Holmes Jr**

Mailing Address 1137 Selwood Dr

City Virginia Beach State VA Zip Code 23464

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

Name of Employer General Partner Occupation Holmes Properties L.P.

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  
**06 / 29 / 2015**

**Transaction ID : SA11Ai-CN19580**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 1500 Ocean Dr  
Unit 1105

City Miami Beach State FL Zip Code 33139

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

Name of Employer Chandler Management Corp. Occupation Real Estate Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 10 / 2015**

**Transaction ID : SA11Ai-CN18631**

Amount of Each Receipt this Period  
**5400**

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

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

**5700.00**

**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 77
	<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 Jost**

Mailing Address 1500 Ocean Dr  
Unit 1105

City Miami Beach State FL Zip Code 33139

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

Name of Employer Chandler Management Corp. Occupation Real Estate Investor

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  
**06 / 10 / 2015**

**Transaction ID : SA11Ai-CN19748**

Amount of Each Receipt this Period  
**-2700**

Redesignated to General 2016

**[MEMO ITEM]**  
Redesignated

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Paul Jost**

Mailing Address 1500 Ocean Dr  
Unit 1105

City Miami Beach State FL Zip Code 33139

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

Name of Employer Chandler Management Corp. Occupation Real Estate Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 10 / 2015**

**Transaction ID : SA11Ai-CN19749**

Amount of Each Receipt this Period  
**2700**

Redesignated from Primary 2016

**[MEMO ITEM]**  
Redesignation

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

Mailing Address 16463 Crescent Lane W

City Montpelier State VA Zip Code 23192-2631

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

Name of Employer James River Heating & Air Occupation Owner

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  
**04 / 24 / 2015**

**Transaction ID : SA11Ai-CN17975**

Amount of Each Receipt this Period  
**1000**

**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 16 OF 77
	<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. Richard Kannan**

Mailing Address 5237 Turning Branch Way

City Glen Allen	State VA	Zip Code 23059
--------------------	-------------	-------------------

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

Name of Employer Transamerica	Occupation Finance
----------------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		30		2015

**Transaction ID : SA11Ai-CN19651**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Ms Linda G Kendall**

Mailing Address 50 Club House Rd

City Key Largo	State FL	Zip Code 33037
-------------------	-------------	-------------------

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  
**500**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		18		2015

**Transaction ID : SA11Ai-CN19336**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 1435 Franklin

City River Forest	State IL	Zip Code 60305
----------------------	-------------	-------------------

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

Name of Employer Kenny & Kenny P.C.	Occupation Certified Public Accountant
--	---

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		01		2015

**Transaction ID : SA11Ai-CN17382**

Amount of Each Receipt this Period  
**500**

**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 17 OF 77
	<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. Dennis Kenny**

Mailing Address 1435 Franklin

City State Zip Code  
River Forest IL 60305

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

Name of Employer Occupation  
Kenny & Kenny P.C. Certified Public Accountant

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  
**06 30 2015**

**Transaction ID : SA11Ai-CN19653**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Peggy Wilton Larmore**

Mailing Address 213 Queen Charlotte Road

City State Zip Code  
Richmond VA 23221-3324

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

Name of Employer Occupation  
Self Artist

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  
**04 24 2015**

**Transaction ID : SA11Ai-CN17981**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Frank Earl Laughon Jr.**

Mailing Address 4400 Ashlawn Drive S

City State Zip Code  
Richmond VA 23221-2534

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  
**2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 21 2015**

**Transaction ID : SA11Ai-CN17991**

Amount of Each Receipt this Period  
**2700**

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

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

**3800.00**

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

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

FOR LINE NUMBER: PAGE 18 OF 77  
(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. Frank Earl Laughon Jr.**  
 Mailing Address 4400 Ashlawn Drive S  
 City Richmond State VA Zip Code 23221-2534  
 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 **3000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 21 / 2015**  
**Transaction ID : SA11Ai-CN17992**  
 Amount of Each Receipt this Period  
**300**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Joel Lewis**  
 Mailing Address 716 Constance Ln  
 City Deerfield State IL Zip Code 60015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Uline Occupation VP  
 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  
**06 / 12 / 2015**  
**Transaction ID : SA11Ai-CN19545**  
 Amount of Each Receipt this Period  
**250**

**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 **400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2015**  
**Transaction ID : SA11Ai-CN19668**  
 Amount of Each Receipt this Period  
**100**

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

**650.00**

**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 77
	<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. James Edwin Markham**

Mailing Address 11424 River Run Dr

City Glen Allen	State VA	Zip Code 23059
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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 **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : SA11Ai-CN19669**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Leland C McGill**

Mailing Address 4245 E 46th Ave

City Denver	State CO	Zip Code 80216
----------------	-------------	-------------------

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  
**06 / 27 / 2015**

**Transaction ID : SA11Ai-CN19576**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Lydia Mccarthy McGrady**

Mailing Address 5800 Chaucer Drive

City Providence Forge	State VA	Zip Code 23140-4418
--------------------------	-------------	------------------------

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 **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2015**

**Transaction ID : SA11Ai-CN19575**

Amount of Each Receipt this Period  
**100**

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

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

**450.00**

**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 77
	<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. Herbert N Morgan**

Mailing Address 3450 N Venice St

City State Zip Code  
Arlington VA 22207

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  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 11 / 2015**

**Transaction ID : SA11Ai-CN19549**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Susan Bland O'Rourke**

Mailing Address 311 Four Islands Trail

City State Zip Code  
Lanexa VA 23089

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  
**230**

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

**Transaction ID : SA11Ai-CN18624**

Amount of Each Receipt this Period  
**30**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Susan Bland O'Rourke**

Mailing Address 311 Four Islands Trail

City State Zip Code  
Lanexa VA 23089

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  
**260**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 05 / 2015**

**Transaction ID : SA11Ai-CN19688**

Amount of Each Receipt this Period  
**30**

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

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

**310.00**

**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 77
	<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. Susan Bland O'Rourke**

Mailing Address 311 Four Islands Trail

City Lanexa	State VA	Zip Code 23089
----------------	-------------	-------------------

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 **310**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : SA11Ai-CN19689**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. James August Pfeiffer**

Mailing Address 4423 Chopping Road

City Mineral	State VA	Zip Code 23117-5112
-----------------	-------------	------------------------

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  
**06 / 08 / 2015**

**Transaction ID : SA11Ai-CN18662**

Amount of Each Receipt this Period  
**250**

**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 **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 28 / 2015**

**Transaction ID : SA11Ai-CN18002**

Amount of Each Receipt this Period  
**100**

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

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

**400.00**

**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 77
	<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. Ernest H Ragland**

Mailing Address 555 Dry Well Rd N

City State Zip Code  
Natural Bridge VA 24578

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  
**450**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2015

**Transaction ID : SA11Ai-CN19548**

Amount of Each Receipt this Period  
**100**

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

Mailing Address 555 Dry Well Rd N

City State Zip Code  
Natural Bridge VA 24578

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  
**550**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11Ai-CN19585**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Michael T Rydin**

Mailing Address 5500 Holly St

City State Zip Code  
Houston TX 77081-7410

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

Name of Employer Occupation  
HCSS Inc CEO

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  
 06 / 27 / 2015

**Transaction ID : SA11Ai-CN19831**

Amount of Each Receipt this Period  
**2000**

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

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

**2200.00**

**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 77
	<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. Eric Ronald Samuelson**

Mailing Address 12518 Stagfield Road

City Ashland State VA Zip Code 23005-7146

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

Name of Employer Self Occupation 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  
**04 / 18 / 2015**

**Transaction ID : SA11Ai-CN17985**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. T Nelson Saunders**

Mailing Address 4801 Lockgreen Circle

City Richmond State VA Zip Code 23226-1746

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  
**06 / 19 / 2015**

**Transaction ID : SA11Ai-CN19569**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Michael Craig Scelzi**

Mailing Address 5733 Arrington Blvd

City Glen Allen State VA Zip Code 23059

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

Name of Employer TECC Occupation Manager

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  
**06 / 30 / 2015**

**Transaction ID : SA11Ai-CN19708**

Amount of Each Receipt this Period  
**250**

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

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

**2250.00**

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

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

FOR LINE NUMBER: PAGE 24 OF 77  
(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)  
**Ms. Lecia Smith**

Mailing Address 3245 Laurel Dr

City Blacksburg State VA Zip Code 24060

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 **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 16 / 2015**

**Transaction ID : SA11Ai-CN19535**

Amount of Each Receipt this Period  
**2700**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas Gordon Snead Jr.**

Mailing Address 103 Lockgreen Place

City Richmond State VA Zip Code 23226-1744

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 **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11Ai-CN19587**

Amount of Each Receipt this Period  
**2500**

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

Mailing Address 4500 Pecan Meadow Ct

City Ft Worth State TX Zip Code 76140

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

Name of Employer N/A Occupation N/A

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  
**06 / 30 / 2015**

**Transaction ID : SA11Ai-CN19723**

Amount of Each Receipt this Period  
**50**

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

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

**5250.00**



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

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

FOR LINE NUMBER: PAGE 25 OF 77  
(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 Stanley Tate**

Mailing Address 9999 Collins Ave

City State Zip Code  
Bal Harbour FL 33154

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

Name of Employer Occupation  
Tate Enterprises Chairman

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  
**05 / 19 / 2015**

**Transaction ID : SA11Ai-CN19345**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 2407 Wroxtton Rd

City State Zip Code  
Houston TX 77005

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

Name of Employer Occupation  
Self Employed Attorney

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  
**06 / 30 / 2015**

**Transaction ID : SA11Ai-CN19729**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Robert Littleton Thompson**

Mailing Address 294 Pembroke Lane

City State Zip Code  
Richmond VA 23238-6220

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  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 24 / 2015**

**Transaction ID : SA11Ai-CN17978**

Amount of Each Receipt this Period  
**1000**

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

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

**1500.00**

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

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

FOR LINE NUMBER: PAGE 26 OF 77  
(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. Donald J Trump**

Mailing Address 725 5th Avenue

City State Zip Code  
New York NY 10022

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

Name of Employer Self Occupation Entrepreneur

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  
 04 / 15 / 2015

**Transaction ID : SA11Ai-CN17993**

Amount of Each Receipt this Period  
2600

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Richard E Uihlein**

Mailing Address 1396 N Waukegan Rd

City State Zip Code  
Lake Forest IL 60045-1147

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

Name of Employer Uline Occupation CEO

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  
 05 / 02 / 2015

**Transaction ID : SA11Ai-CN17676**

Amount of Each Receipt this Period  
2700

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Richard E Uihlein**

Mailing Address 1396 N Waukegan Rd

City State Zip Code  
Lake Forest IL 60045-1147

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

Name of Employer Uline Occupation CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5400

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2015

**Transaction ID : SA11Ai-CN17677**

Amount of Each Receipt this Period  
2700

**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 27 OF 77
	<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. 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 **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11Ai-CN19737**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Marcus Myer Weinstein**

Mailing Address 2 John Christopher Court

City Richmond State VA Zip Code 23226-1749

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 **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11Ai-CN19578**

Amount of Each Receipt this Period  
**2700**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Marcus Myer Weinstein**

Mailing Address 2 John Christopher Court

City Richmond State VA Zip Code 23226-1749

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 **5000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11Ai-CN19579**

Amount of Each Receipt this Period  
**2300**

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

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

**5500.00**

**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 77
	<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 Welsh**

Mailing Address 110 Surrey Lane

City State Zip Code  
Locust Grove VA 22508

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  
**800**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : SA11Ai-CN19740**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John D Whitlock**

Mailing Address 8720 River Rd

City State Zip Code  
Henrico VA 23229-8307

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

Name of Employer Occupation  
The Whitlock Group Chairman

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  
**06 / 02 / 2015**

**Transaction ID : SA11Ai-CN18644**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 6031 Hillsborough SW

City State Zip Code  
Grandville MI 49418

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

Name of Employer Occupation  
CWD real estate investment Commercial Real Estate Investment

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  
**05 / 12 / 2015**

**Transaction ID : SA11Ai-CN18043**

Amount of Each Receipt this Period  
**2700**

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

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

**3450.00**

**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 77
	<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. Betty Luebbert Wilton**

Mailing Address 2184 Cedarfield Lane

City State Zip Code  
Henrico VA 23233

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  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 24 / 2015**

**Transaction ID : SA11Ai-CN17980**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Gary W Wood**

Mailing Address 11201 Fox Meadow Dr

City State Zip Code  
Henrico VA 23233

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

Name of Employer Occupation  
BDC Capital Management 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  
**06 / 26 / 2015**

**Transaction ID : SA11Ai-CN19552**

Amount of Each Receipt this Period  
**2700**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Susan White Wood**

Mailing Address 11201 Fox Meadow Drive

City State Zip Code  
Henrico VA 23233

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

Name of Employer Occupation  
None Homemaker

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  
**06 / 26 / 2015**

**Transaction ID : SA11Ai-CN19581**

Amount of Each Receipt this Period  
**2700**

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

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

**6400.00**

**72510.00**

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

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

FOR LINE NUMBER: PAGE 30 OF 77  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**ALTRIAPAC**

Mailing Address 101 Constitution Ave NW  
Ste 400W

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00089136**

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  
 06 / 03 / 2015

**Transaction ID : SA11C-CN18643**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**AT&T Inc. Federal PAC**

Mailing Address 208 S Akard St  
Ste 2701

City Dallas State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C C00109017**

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  
 05 / 07 / 2015

**Transaction ID : SA11C-CN18414**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**AT&T Inc. Federal PAC**

Mailing Address 208 S Akard St  
Ste 2701

City Dallas State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C C00109017**

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  
 06 / 26 / 2015

**Transaction ID : SA11C-CN19574**

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 31 OF 77
	<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)  
**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 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015

**Transaction ID : SA11C-CN19547**

Amount of Each Receipt this Period  
 1000

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

Mailing Address 210 SIXTH AVENUE  
33rd FLOOR

City Pittsburgh State PA Zip Code 15222

FEC ID number of contributing federal political committee. **C** C00466169

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  
 06 / 23 / 2015

**Transaction ID : SA11C-CN19572**

Amount of Each Receipt this Period  
 500

**C.** Full Name (Last, First, Middle Initial)  
**Employees Of Northrop Grumman PAC (ENGPAC)**

Mailing Address 2980 Fairview Park Dr

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00088591

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  
 04 / 22 / 2015

**Transaction ID : SA11C-CN18004**

Amount of Each Receipt this Period  
 2000

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

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

3500.00

**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 77
	<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. Employees Of Northrop Grumman PAC (ENGPAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 2980 Fairview Park Dr

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00088591

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  
 05 / 19 / 2015

**Transaction ID : SA11C-CN18424**

Amount of Each Receipt this Period  
 1000

**B. Family PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1001 Liberty Ave Ste 850

City Pittsburgh State PA Zip Code 15222-3714

FEC ID number of contributing federal political committee. **C** C00336842

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  
 06 / 17 / 2015

**Transaction ID : SA11C-CN19546**

Amount of Each Receipt this Period  
 2000

**C. Genworth Financial Inc PAC (GENPAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 6620 West Broad St

City Richmond State VA Zip Code 23230

FEC ID number of contributing federal political committee. **C** C00404194

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2015

**Transaction ID : SA11C-CN17983**

Amount of Each Receipt this Period  
 1000

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

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

4000.00



**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 33 OF 77
	<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	

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)  
**IPCPR PAC**

Mailing Address **4 Bradley Park Court**  
**Suite 2H**

City **Columbus** State **GA** Zip Code **31094**

FEC ID number of contributing federal political committee. **C C00450239**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **307.6**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 18 / 2015**

**Transaction ID : SA11C-CN19571**

Amount of Each Receipt this Period  
**307.6**

Cigars for event

In-Kind Received Cigars for event

**B.** Full Name (Last, First, Middle Initial)  
**Marketplace Ideas And Conservative Ideas PAC**

Mailing Address **228 S Washington St**  
**Suite 115**

City **Alexandria** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00502591**

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  
**06 / 15 / 2015**

**Transaction ID : SA11C-CN19830**

Amount of Each Receipt this Period  
**2000**

**C.** Full Name (Last, First, Middle Initial)  
**Nat'l Telecommunications Cooperative Assn (TECO)**

Mailing Address **4121 Wilson Blvd 10th Floor**

City **Arlington** State **VA** Zip Code **22203**

FEC ID number of contributing federal political committee. **C C00004473**

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  
**05 / 15 / 2015**

**Transaction ID : SA11C-CN18415**

Amount of Each Receipt this Period  
**1000**

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

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

**3307.60**

**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 77
	<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)  
**Realtors PAC**

Mailing Address 430 N Michigan Ave

City State Zip Code  
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

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  
 06 / 05 / 2015

**Transaction ID : SA11C-CN19584**

Amount of Each Receipt this Period  
1000

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

Mailing Address PO Box 7711

City State Zip Code  
Arlington VA 22207

FEC ID number of contributing federal political committee. **C** C00458588

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  
 06 / 24 / 2015

**Transaction ID : SA11C-CN19573**

Amount of Each Receipt this Period  
500

**C.** Full Name (Last, First, Middle Initial)  
**Unum Political Action Committee**

Mailing Address 1 Fountain Square

City State Zip Code  
Chattanooga TN 37402

FEC ID number of contributing federal political committee. **C** C00177436

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  
 04 / 24 / 2015

**Transaction ID : SA11C-CN18005**

Amount of Each Receipt this Period  
1000

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

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

2500.00

16307.60

**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 77
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)  
**FreedomWorks Victory Committee**

Mailing Address **1390 CHAIN BRIDGE ROAD**  
**STE 515**

City **Mc Lean** State **VA** Zip Code **22101**

FEC ID number of contributing federal political committee. **C C00580233**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**18000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA12-T11**

Amount of Each Receipt this Period  
**18000**

Transfer In Affiliated

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Michael L Darland**

Mailing Address **2021 102nd Place**

City **Bellevue** State **WA** Zip Code **98004**

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  
**666.66**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA12-T11-2**

Amount of Each Receipt this Period  
**666.66**

Transfer In Affiliated

**[MEMO ITEM]**  
FreedomWorks Victory Committee

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

Mailing Address **2021 102nd Place**

City **Bellevue** State **WA** Zip Code **98004**

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  
**666.66**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA12-T11-3**

Amount of Each Receipt this Period  
**666.66**

Transfer In Affiliated

**[MEMO ITEM]**  
FreedomWorks Victory Committee

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

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

**18000.00**

**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 36 OF 77
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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. Bobby Haynes**

Mailing Address 791 Baker Rd

City State Zip Code  
Smyrna TN 37167

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

Name of Employer Occupation  
Tennessee Industrial Electronics Co-Owner

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  
 06 / 30 / 2015

**Transaction ID : SA12-TI1-4**

Amount of Each Receipt this Period  
2700

Transfer In Affiliated

**[MEMO ITEM]**  
FreedomWorks Victory Committee

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Bobby Haynes**

Mailing Address 791 Baker Rd

City State Zip Code  
Smyrna TN 37167

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

Name of Employer Occupation  
Tennessee Industrial Electronics Co-Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA12-TI1-5**

Amount of Each Receipt this Period  
2700

Transfer In Affiliated

**[MEMO ITEM]**  
FreedomWorks Victory Committee

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

Mailing Address 791 Baker Rd

City State Zip Code  
Smyrna TN 37167

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

Name of Employer Occupation  
Tennessee Industrial Electronics Co-Owner

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  
 06 / 30 / 2015

**Transaction ID : SA12-TI1-6**

Amount of Each Receipt this Period  
2700

Transfer In Affiliated

**[MEMO ITEM]**  
FreedomWorks Victory Committee

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

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

0.00

**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 37 OF 77
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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. Felicia Haynes**

Mailing Address 791 Baker Rd

City State Zip Code  
Smyrna TN 37167

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

Name of Employer Occupation  
Tennessee Industrial Electronics Co-Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		30		2015

**Transaction ID : SA12-TI1-7**

Amount of Each Receipt this Period  
**2700**

Transfer In Affiliated

**[MEMO ITEM]**  
FreedomWorks Victory Committee

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Joanne Johnson**

Mailing Address 70 Robley Rd

City State Zip Code  
Salinas CA 93908

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		30		2015

**Transaction ID : SA12-TI1-8**

Amount of Each Receipt this Period  
**1500**

Transfer In Affiliated

**[MEMO ITEM]**  
FreedomWorks Victory Committee

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Scott W McEachin**

Mailing Address 7032 E 100th St

City State Zip Code  
Tulsa OK 74133

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

Name of Employer Occupation  
Scott William McEachin PC Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		30		2015

**Transaction ID : SA12-TI1-9**

Amount of Each Receipt this Period  
**2000**

Transfer In Affiliated

**[MEMO ITEM]**  
FreedomWorks Victory Committee

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

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

**0.00**

**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 38 OF 77
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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. Corinne Spence**

Mailing Address 1508 Eureka Road  
Ste 200

City Roseville State CA Zip Code 95661

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

Name of Employer Requested Occupation Best Efforts

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  
**06 / 30 / 2015**

**Transaction ID : SA12-T11-10**

Amount of Each Receipt this Period  
**2700**

Transfer In Affiliated

**[MEMO ITEM]**  
FreedomWorks Victory Committee

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Corinne Spence**

Mailing Address 1508 Eureka Road  
Ste 200

City Roseville State CA Zip Code 95661

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

Name of Employer Requested Occupation Best Efforts

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA12-T11-11**

Amount of Each Receipt this Period  
**2700**

Transfer In Affiliated

**[MEMO ITEM]**  
FreedomWorks Victory Committee

**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 Requested 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).....

**0.00**

**18000.00**

**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 77			
	<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 04 / 01 / 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		Category/ Type 001	<b>Transaction ID : SB17-EX2300</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)		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 04 / 21 / 2015
Mailing Address 10000 W Broad St			Amount of Each Disbursement this Period 117.74
City Glen Allen	State VA	Zip Code 23060	
Purpose of Disbursement Bank Fee		Category/ Type 001	<b>Transaction ID : SB17-EX2372</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)		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 05 / 01 / 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		Category/ Type 001	<b>Transaction ID : SB17-EX2357</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)		Bank Fee
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	147.74
<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 77			
	<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 05 / 21 / 2015
Mailing Address 10000 W Broad St			Amount of Each Disbursement this Period 100.91
City Glen Allen	State VA	Zip Code 23060	
Purpose of Disbursement Bank Fee		Category/ Type 001	<b>Transaction ID : SB17-EX2375</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)		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 06 / 01 / 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		Category/ Type 001	<b>Transaction ID : SB17-EX2428</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)		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 06 / 10 / 2015
Mailing Address 10000 W Broad St			Amount of Each Disbursement this Period 24.31
City Glen Allen	State VA	Zip Code 23060	
Purpose of Disbursement Bank Fee		Category/ Type 001	<b>Transaction ID : SB17-EX2431</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)		Bank Fee
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	140.22
<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 77			
	<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 06 / 22 / 2015
Mailing Address 10000 W Broad St			Amount of Each Disbursement this Period 131.59
City Glen Allen	State VA	Zip Code 23060	
Purpose of Disbursement Bank Fee		Category/ Type 001	<b>Transaction ID : SB17-EX2441</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)	Bank Fee
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Trail Blazer Campaign Services Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2015
Mailing Address 620 Mendelssohn Avenue N Suite 186			Amount of Each Disbursement this Period 10292.00
City Minneapolis	State MN	Zip Code 55427	
Purpose of Disbursement Database Services		Category/ Type 001	<b>Transaction ID : SB17-EX2437</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)	Database Services
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Philip Rapp</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 14505 St Stephans Pl			Amount of Each Disbursement this Period 117.36
City Midlothian	State VA	Zip Code 23113	
Purpose of Disbursement Reimburse - See Memo		Category/ Type 002	<b>Transaction ID : SB17-EX2420</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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10540.95
<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 42 OF 77			
	<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. Philip Rapp</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 14505 St Stephans Pl		Amount of Each Disbursement this Period 87.36
City Midlothian	State VA Zip Code 23113	
Purpose of Disbursement Mileage	Category/Type 002	Transaction ID : SB17-EX2421  [MEMO ITEM]
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Parking Corva</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 900 E Broad St		Amount of Each Disbursement this Period 30.00
City Richmond	State VA Zip Code 23219	
Purpose of Disbursement Parking	Category/Type 002	Transaction ID : SB17-EX2422  [MEMO ITEM]
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Minuteman Press</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015
Mailing Address 10148 W Broad St Ste 201		Amount of Each Disbursement this Period 86.81
City Glen Allen	State VA Zip Code 23060	
Purpose of Disbursement Printing Expense	Category/Type 006	Transaction ID : SB17-EX2411  Printing Expense
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	86.81
<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 43 OF 77	
	<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 06 / 03 / 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-EX2412</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)	Postage
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 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-EX2413</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)	Postage
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 04 / 30 / 2015
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period 178.74
City Hopkins	State MN	
Zip Code 55343	Purpose of Disbursement Processing Fee	<b>Transaction ID : SB17-EX2396</b>
Candidate Name	003 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)	Processing Fee
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	325.74
<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 77			
	<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 M M / D D / Y Y Y Y 05 / 30 / 2015
Mailing Address 12600 Whitewater Drive Suite 200			Amount of Each Disbursement this Period 161.07
City Hopkins	State MN	Zip Code 55343	Transaction ID : SB17-EX2394
Purpose of Disbursement Processing Fee	Category/Type 003		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Processing Fee
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Vanco Services LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 12600 Whitewater Drive Suite 200			Amount of Each Disbursement this Period 439.81
City Hopkins	State MN	Zip Code 55343	Transaction ID : SB17-EX2454
Purpose of Disbursement Processing Fee	Category/Type 003		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Processing Fee
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. ADP</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 1 ADP Boulevard			Amount of Each Disbursement this Period 110.00
City Roseland	State NJ	Zip Code 07068	Transaction ID : SB17-EX2304
Purpose of Disbursement Payroll Fees	Category/Type 001		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Payroll Fees
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	710.88
<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 77			
	<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. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015
Mailing Address 1 ADP Boulevard		Amount of Each Disbursement this Period 114.95
City Roseland	State NJ	
Zip Code 07068	Purpose of Disbursement Payroll Fee	<b>Transaction ID : SB17-EX2461</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)	Payroll Fee
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Costco Wholesale</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2015
Mailing Address 9650 W Broad St		Amount of Each Disbursement this Period 231.59
City Richmond	State VA	
Zip Code 23060	Purpose of Disbursement Office Supplies	<b>Transaction ID : SB17-EX2391</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)	Office Supplies
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Facebook Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 250.34
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising Expense	<b>Transaction ID : SB17-EX2385</b>
Candidate Name	Category/Type 004	
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)	Advertising Expense
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	596.88
<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 77			
	<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. Facebook Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2015	
Mailing Address 1601 Willow Road			Amount of Each Disbursement this Period 52.56	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SB17-EX2427	
Purpose of Disbursement Advertising Expense		Category/ Type 004	Advertising Expense	
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)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. The Agliano Group LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015	
Mailing Address PO Box 5094			Amount of Each Disbursement this Period 1697.50	
City Glen Allen	State VA	Zip Code 23058	Transaction ID : SB17-EX2290	
Purpose of Disbursement Financial Consulting		Category/ Type 001	Financial Consulting	
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)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. The Agliano Group LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2015	
Mailing Address PO Box 5094			Amount of Each Disbursement this Period 1715.00	
City Glen Allen	State VA	Zip Code 23058	Transaction ID : SB17-EX2334	
Purpose of Disbursement Financial Consulting		Category/ Type 001	Financial Consulting	
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)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3465.06
<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 77	
	<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 M M / D D / Y Y Y Y 06 / 02 / 2015
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 1155.00
City Glen Allen	State VA	
Zip Code 23058	Purpose of Disbursement Financial Consulting	<b>Transaction ID : SB17-EX2378</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 M M / D D / Y Y Y Y 04 / 02 / 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-EX2291</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 M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 133.50
City Wallingford	State CT	
Zip Code 06492	Purpose of Disbursement Phone Expense	<b>Transaction ID : SB17-EX2332</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).....	1426.99
<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 77			
	<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. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2015
Mailing Address PO Box 5029			Amount of Each Disbursement this Period 134.19
City Wallingford	State CT	Zip Code 06492	Transaction ID : SB17-EX2377
Purpose of Disbursement Phone Expense		Category/ Type 001	
Candidate Name			Phone Expense
Office Sought: House Senate 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. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015
Mailing Address PO Box 5029			Amount of Each Disbursement this Period 26.31
City Wallingford	State CT	Zip Code 06492	Transaction ID : SB17-EX2438
Purpose of Disbursement Phone Expense		Category/ Type 001	
Candidate Name			Phone Expense
Office Sought: House Senate 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. MoreInformation.Net LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015
Mailing Address PO Box 1198			Amount of Each Disbursement this Period 262.50
City Forest	State VA	Zip Code 24551	Transaction ID : SB17-EX2293
Purpose of Disbursement Communications Consulting		Category/ Type 001	
Candidate Name			Communications Consulting
Office Sought: House Senate 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).....	423.00
<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 49 OF 77			
	<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. RingCentral Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 1400 Fashion Island Blvd #700			Amount of Each Disbursement this Period 62.28
City San Mateo	State CA	Zip Code 94404	Transaction ID : <b>SB17-EX2369</b>
Purpose of Disbursement Phone Expense		Category/ Type 001	
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Phone Expense
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. RingCentral Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2015
Mailing Address 1400 Fashion Island Blvd #700			Amount of Each Disbursement this Period 62.28
City San Mateo	State CA	Zip Code 94404	Transaction ID : <b>SB17-EX2390</b>
Purpose of Disbursement Phone Expense		Category/ Type 001	
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Phone Expense
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>c. RingCentral Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 1400 Fashion Island Blvd #700			Amount of Each Disbursement this Period 62.28
City San Mateo	State CA	Zip Code 94404	Transaction ID : <b>SB17-EX2445</b>
Purpose of Disbursement Phone Expense		Category/ Type 001	
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Phone Expense
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	186.84
<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 77			
	<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. Sara James</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address PO Box 453		Amount of Each Disbursement this Period 2000.00
City Midlothian	State VA	
Zip Code 23113	Purpose of Disbursement Communications Consulting	<b>Transaction ID : SB17-EX2256</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. Sara James</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address PO Box 453		Amount of Each Disbursement this Period 124.00
City Midlothian	State VA	
Zip Code 23113	Purpose of Disbursement Reimburse - See Memo	<b>Transaction ID : SB17-EX2315</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)	Reimburse - See Memo
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Taxi Cab Service</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address		Amount of Each Disbursement this Period 75.00
City	State	
Zip Code	Purpose of Disbursement Travel	<b>Transaction ID : SB17-EX2316</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)	<b>[MEMO ITEM]</b> Travel
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2124.00
<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 51 OF 77			
	<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. ShutterStock Inc</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2015
Mailing Address Empire State Building 350 Fifth Avenue 21st Floor		Amount of Each Disbursement this Period 78.00
City New York	State NY Zip Code 10118	
Purpose of Disbursement Social Media Software	Category/Type 001	Transaction ID : SB17-EX2317  [MEMO ITEM]
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sara James</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2015
Mailing Address PO Box 453		Amount of Each Disbursement this Period 78.00
City Midlothian	State VA Zip Code 23113	
Purpose of Disbursement Reimburse - See Memo	Category/Type 001	Transaction ID : SB17-EX2313  Reimburse - See Memo
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. ShutterStock Inc</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2015
Mailing Address Empire State Building 350 Fifth Avenue 21st Floor		Amount of Each Disbursement this Period 78.00
City New York	State NY Zip Code 10118	
Purpose of Disbursement Social Media Software	Category/Type 001	Transaction ID : SB17-EX2314  [MEMO ITEM]
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	78.00
<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 52 OF 77			
	<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. Sara James</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015	
Mailing Address PO Box 453			Amount of Each Disbursement this Period 2000.00	
City Midlothian	State VA	Zip Code 23113	Transaction ID : SB17-EX2318	
Purpose of Disbursement Communications Consulting		Category/ Type 001	Communications Consulting	
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)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Sara James</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015	
Mailing Address PO Box 453			Amount of Each Disbursement this Period 1000.00	
City Midlothian	State VA	Zip Code 23113	Transaction ID : SB17-EX2382	
Purpose of Disbursement Communications Consulting		Category/ Type 001	Communications Consulting	
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)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Sara James</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2015	
Mailing Address PO Box 453			Amount of Each Disbursement this Period 3000.00	
City Midlothian	State VA	Zip Code 23113	Transaction ID : SB17-EX2379	
Purpose of Disbursement Communications Consulting		Category/ Type 001	Communications Consulting	
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)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6000.00
<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 53 OF 77			
	<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 Stoneridge Group LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2015
Mailing Address 4400 North Point Pkwy Ste 190			Amount of Each Disbursement this Period 19.95 <b>Transaction ID : SB17-EX2361</b>
City Alpharetta	State GA	Zip Code 30022	
Purpose of Disbursement Website Fee		Category/ Type 001	Website Fee
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)		
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 05 / 29 / 2015
Mailing Address 4400 North Point Pkwy Ste 190			Amount of Each Disbursement this Period 19.95 <b>Transaction ID : SB17-EX2392</b>
City Alpharetta	State GA	Zip Code 30022	
Purpose of Disbursement Website Fee		Category/ Type 001	Website Fee
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)		
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 06 / 29 / 2015
Mailing Address 4400 North Point Pkwy Ste 190			Amount of Each Disbursement this Period 19.95 <b>Transaction ID : SB17-EX2449</b>
City Alpharetta	State GA	Zip Code 30022	
Purpose of Disbursement Website Fee		Category/ Type 001	Website Fee
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)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	59.85
<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 77	
	<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 04 / 01 / 2015
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 1072.19
City Glen Allen	State VA	
Zip Code 23058	Purpose of Disbursement See Memo	Transaction ID : SB17-EX2287
Candidate Name	Category/ Type 003	
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)	See Memo
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 04 / 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	Transaction ID : SB17-EX2288
Candidate Name	Category/ Type 003	
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:		

Full Name (Last, First, Middle Initial) <b>c. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address 4531 S Laburnum Ave		Amount of Each Disbursement this Period 72.19
City Richmond	State VA	
Zip Code 23231	Purpose of Disbursement Event Supplies	Transaction ID : SB17-EX2289
Candidate Name	Category/ Type 003	
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).....	1072.19
<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 77			
	<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 04 / 09 / 2015
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 5474.00
City Glen Allen	State VA	Zip Code 23058
Purpose of Disbursement Fundraising Consulting	Category/ Type 003	
Candidate Name		Transaction ID : SB17-EX2294
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. Elizabeth Walker Green</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2015
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 2220.00
City Glen Allen	State VA	Zip Code 23058
Purpose of Disbursement Fundraising Consulting	Category/ Type 003	
Candidate Name		Transaction ID : SB17-EX2333
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. Elizabeth Walker Green</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 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 003	
Candidate Name		Transaction ID : SB17-EX2381
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).....	8694.00
<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 56 OF 77			
	<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 06 / 12 / 2015
Mailing Address PO Box 5094			Amount of Each Disbursement this Period 400.00
City Glen Allen	State VA	Zip Code 23058	Transaction ID : <b>SB17-EX2399</b>
Purpose of Disbursement Fundraising Consulting		Category/ Type 003	
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>B. Mr Steven Mond</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address PO Box 5094			Amount of Each Disbursement this Period 1000.00
City Henrico	State VA	Zip Code 23058	Transaction ID : <b>SB17-EX2264</b>
Purpose of Disbursement Technical Consulting		Category/ Type 001	
Candidate Name			Technical 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. Mr Steven Mond</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address PO Box 5094			Amount of Each Disbursement this Period 1000.00
City Henrico	State VA	Zip Code 23058	Transaction ID : <b>SB17-EX2331</b>
Purpose of Disbursement Technical Consulting		Category/ Type 001	
Candidate Name			Technical 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).....	2400.00
<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 57 OF 77	
	<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 04 / 03 / 2015
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 74.67
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Technical Support	Category/Type 001	<b>Transaction ID : SB17-EX2303</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 05 / 04 / 2015
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 75.00
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Technical Support	Category/Type 001	<b>Transaction ID : SB17-EX2354</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 06 / 03 / 2015
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 75.00
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Technical Support	Category/Type 001	<b>Transaction ID : SB17-EX2429</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).....	224.67
<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 77			
	<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. Advanced Visual Production</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 8592 Sanford Dr			Amount of Each Disbursement this Period 1470.38
City Richmond	State VA	Zip Code 23228	
Purpose of Disbursement A/V Equipment for Event		Category/ Type 003	<b>Transaction ID : SB17-EX2320</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)		A/V Equipment for Event
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Electronic Systems Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2015
Mailing Address 369 Edwin Dr			Amount of Each Disbursement this Period 390.70
City Virginia Beach	State VA	Zip Code 23462	
Purpose of Disbursement Printing Expense		Category/ Type 001	<b>Transaction ID : SB17-EX2321</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. Party Perfect</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2015
Mailing Address 3210 W Marshall St			Amount of Each Disbursement this Period 549.23
City Richmond	State VA	Zip Code 23230	
Purpose of Disbursement Fundraising Expense		Category/ Type 003	<b>Transaction ID : SB17-EX2371</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)		Fundraising Expense
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2410.31
<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 59 OF 77	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<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. Hilton Richmond Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address 12042 W Broad St		Amount of Each Disbursement this Period 900.00
City Richmond	State VA Zip Code 23233	
Purpose of Disbursement Event Food and Beverage	Category/Type 001	<b>Transaction ID : SB17-EX2286</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)	Event Food and Beverage
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Eric S Dodge</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 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	Category/Type 001	<b>Transaction ID : SB17-EX2263</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)	General Campaign Consulting
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. Eric S Dodge</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 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	Category/Type 001	<b>Transaction ID : SB17-EX2323</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)	General Campaign Consulting
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4900.00
<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 60 OF 77	
	<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. Mr. Eric S Dodge</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 385.73
City Glen Allen	State VA	
Zip Code 23058	Purpose of Disbursement Reimburse - See Memo	<b>Transaction ID : SB17-EX2324</b>
Candidate Name	Category/Type 003	
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>B. Party City</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address 9130 W Broad St		Amount of Each Disbursement this Period 34.71
City Richmond	State VA	
Zip Code 23294	Purpose of Disbursement Event Supplies	<b>Transaction ID : SB17-EX2325</b>
Candidate Name	Category/Type 003	
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wawa</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address 10626 Courthouse Rd		Amount of Each Disbursement this Period 13.84
City Fredericksburg	State VA	
Zip Code 22407	Purpose of Disbursement Event Supplies	<b>Transaction ID : SB17-EX2326</b>
Candidate Name	Category/Type 003	
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)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	385.73
<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 61 OF 77			
	<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. Strange's Florist</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address 12111 W Broad St		Amount of Each Disbursement this Period 42.07
City Richmond	State VA	
Zip Code 23233	Purpose of Disbursement Flowers	[MEMO ITEM]
Candidate Name	003 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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kroger</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address 9840 W Broad St		Amount of Each Disbursement this Period 78.61
City Richmond	State VA	
Zip Code 23060	Purpose of Disbursement Event Supplies	[MEMO ITEM]
Candidate Name	003 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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. ABC Store</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address 185 Southgate Shopg Ctr		Amount of Each Disbursement this Period 216.50
City Culpeper	State VA	
Zip Code 22701	Purpose of Disbursement Event Supplies	[MEMO ITEM]
Candidate Name	003 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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 62 OF 77			
	<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. Mr. Eric S Dodge</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 319.47
City Glen Allen	State VA	Zip Code 23058
Purpose of Disbursement Reimburse - See Memo	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2466
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. Chesterfield Co Republican Cmte</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address P.O. Box 4718		Amount of Each Disbursement this Period 319.47
City Midlothian	State VA	Zip Code 23112
Purpose of Disbursement Event Fee	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2467
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. Mr. Eric S Dodge</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 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	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2380
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:	General Campaign Consulting	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2319.47
<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 63 OF 77			
	<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. Mr. Eric S Dodge</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2015
Mailing Address PO Box 5094		Amount of Each Disbursement this Period 359.41
City Glen Allen	State VA	Zip Code 23058
Purpose of Disbursement Reimburse - See Memo	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2415
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. Wal-Mart</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2015
Mailing Address 11400 W Broad St		Amount of Each Disbursement this Period 83.57
City Glen Allen	State VA	Zip Code 23060
Purpose of Disbursement Event Supplies	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2416
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. Sears</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2015
Mailing Address 1400 N Parham Rd		Amount of Each Disbursement this Period 115.82
City Richmond	State VA	Zip Code 23229
Purpose of Disbursement Canopy Tent	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX2417
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]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	359.41
<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 64 OF 77			
	<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. Jason's Deli</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2015
Mailing Address 11740 West Broad St		Amount of Each Disbursement this Period 160.02
City Richmond	State VA Zip Code 23233	
Purpose of Disbursement Food for meeting	Category/Type 001	<b>Transaction ID : SB17-EX2418</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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Crocker Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2015
Mailing Address 1150 K St NW #606		Amount of Each Disbursement this Period 5375.00
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Fundraising Consulting	Category/Type 003	<b>Transaction ID : SB17-EX2335</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)	Fundraising Consulting
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Crocker Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2015
Mailing Address 1150 K St NW #606		Amount of Each Disbursement this Period 306.05
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Reimburse - See Memo	Category/Type 003	<b>Transaction ID : SB17-EX2337</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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5681.05
<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 65 OF 77			
	<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. Chick-Fil-A</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2015
Mailing Address 1576 Rio Rd E		Amount of Each Disbursement this Period 232.65
City Charlottesville	State VA	
Zip Code 22901	Purpose of Disbursement Food and Beverage	Transaction ID : SB17-EX2338
Candidate Name	Category/Type 003	
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:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2015
Mailing Address 300 First St SE		Amount of Each Disbursement this Period 75.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food and Beverage	Transaction ID : SB17-EX2339
Candidate Name	Category/Type 003	
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:		

Full Name (Last, First, Middle Initial) <b>c. Campaign Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2015
Mailing Address 117 North Saint Asaph St		Amount of Each Disbursement this Period 1148.85
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Fundraising Consulting	Transaction ID : SB17-EX2292
Candidate Name	Category/Type 003	
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).....	1148.85
<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 66 OF 77			
	<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)		Date of Disbursement
<b>A. Campaign Solutions</b>		M M / D D / Y Y Y Y 04 / 02 / 2015
Mailing Address 117 North Saint Asaph St		Amount of Each Disbursement this Period
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Fundraising Fee	Category/ Type 003	1692.30
Candidate Name	Disbursement For: 2016	<b>Transaction ID : SB17-EX2295</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fundraising Fee
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Campaign Solutions</b>		M M / D D / Y Y Y Y 04 / 02 / 2015
Mailing Address 117 North Saint Asaph St		Amount of Each Disbursement this Period
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement List Rental	Category/ Type 003	384.15
Candidate Name	Disbursement For: 2016	<b>Transaction ID : SB17-EX2298</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	List Rental
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Campaign Solutions</b>		M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 117 North Saint Asaph St		Amount of Each Disbursement this Period
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Fundraising Consulting	Category/ Type 003	24.10
Candidate Name	Disbursement For: 2016	<b>Transaction ID : SB17-EX2397</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<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).....	2100.55
<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 67 OF 77			
	<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. Campaign Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015
Mailing Address 117 North Saint Asaph St		Amount of Each Disbursement this Period 2026.40
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Fundraising Consulting	Category/Type 003	
Candidate Name		Transaction ID : SB17-EX2410
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. EDonations</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2015
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period 593.12
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Processing Fee	Category/Type 003	
Candidate Name		Transaction ID : SB17-EX2296
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:		

Full Name (Last, First, Middle Initial) <b>C. EDonations</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2015
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period 24.05
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Processing Fee	Category/Type 003	
Candidate Name		Transaction ID : SB17-EX2297
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).....	2643.57
<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 68 OF 77	
	<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)		Date of Disbursement
<b>A. EDonations</b>		M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period
City Alexandria State VA Zip Code 22314		152.10
Purpose of Disbursement Processing Fee	003	<b>Transaction ID : SB17-EX2340</b>
Candidate Name	Category/ Type	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:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. EDonations</b>		M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period
City Alexandria State VA Zip Code 22314		58.79
Purpose of Disbursement Processing Fee	003	<b>Transaction ID : SB17-EX2341</b>
Candidate Name	Category/ Type	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:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. EDonations</b>		M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period
City Alexandria State VA Zip Code 22314		12.96
Purpose of Disbursement Processing Fee	003	<b>Transaction ID : SB17-EX2398</b>
Candidate Name	Category/ Type	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	223.85
<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 69 OF 77			
	<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. Hotelclub.Com</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2015
Mailing Address		Amount of Each Disbursement this Period 780.16
City	State Zip Code	
* Online Company Purpose of Disbursement Lodging		<b>Transaction ID : SB17-EX2306</b>
Candidate Name		
Office Sought:	House Senate President	Lodging
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. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2015
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 682.20
City	State Zip Code	
Fort Worth TX 76155		<b>Transaction ID : SB17-EX2389</b>
Purpose of Disbursement Travel		
Candidate Name		Travel
Office Sought:	House Senate 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. Homemades By Suzanne</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2015
Mailing Address 101 North Fifth St Ste 303		Amount of Each Disbursement this Period 732.45
City	State Zip Code	
Richmond VA 23219		<b>Transaction ID : SB17-EX2319</b>
Purpose of Disbursement Event Catering		
Candidate Name		Event Catering
Office Sought:	House Senate 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).....	2194.81
<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 70 OF 77			
	<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 Caboose</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2015
Mailing Address 108 S Railroad Ave			Amount of Each Disbursement this Period 268.41
City Ashland	State VA	Zip Code 23005	
Purpose of Disbursement Event Refreshments		Category/ Type 003	<b>Transaction ID : SB17-EX2322</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)		Event Refreshments
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Islamorado Fish Company</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2015
Mailing Address 11550 North Lakeridge Parkway			Amount of Each Disbursement this Period 291.56
City Ashland	State VA	Zip Code 23005	
Purpose of Disbursement Food and Beverage		Category/ Type 001	<b>Transaction ID : SB17-EX2348</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>c. Southern Railway Taphouse</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2015
Mailing Address 111 Virginia St #100			Amount of Each Disbursement this Period 246.04
City Richmond	State VA	Zip Code 23219	
Purpose of Disbursement Food and Beverage		Category/ Type 001	<b>Transaction ID : SB17-EX2351</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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	806.01
<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 71 OF 77	
	<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 Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address PO Box 06649		Amount of Each Disbursement this Period 1314.40
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Travel	Category/Type 002	<b>Transaction ID : SB17-EX2374</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)	Travel
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address PO Box 06649		Amount of Each Disbursement this Period 50.00
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Travel	Category/Type 002	<b>Transaction ID : SB17-EX2447</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)	Travel
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Meredith Wall LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 2308 Mt Vernon Ave Ste 249		Amount of Each Disbursement this Period 1032.26
City Alexandria	State VA Zip Code 22301	
Purpose of Disbursement Fundraising Consulting	Category/Type 003	<b>Transaction ID : SB17-EX2400</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)	Fundraising Consulting
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2396.66
<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 72 OF 77	
	<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. Meredith Wall LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 2308 Mt Vernon Ave Ste 249		Amount of Each Disbursement this Period 456.83
City Alexandria	State VA	Zip Code 22301
Purpose of Disbursement Reimburse - See Memo	Category/ Type 003	
Candidate Name		Transaction ID : SB17-EX2401
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. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 3540 Pump Rd		Amount of Each Disbursement this Period 47.57
City Glen Allen	State VA	Zip Code 23060
Purpose of Disbursement Event Supplies	Category/ Type 003	
Candidate Name		Transaction ID : SB17-EX2402
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. Whole Foods</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 11173 W Broad St		Amount of Each Disbursement this Period 83.46
City Glen Allen	State VA	Zip Code 23060
Purpose of Disbursement Event Refreshments	Category/ Type 003	
Candidate Name		Transaction ID : SB17-EX2403
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]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	456.83
<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 73 OF 77			
	<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. Sausage Craft</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 2004 Dabney Rd		Amount of Each Disbursement this Period 75.21
City Richmond	State VA Zip Code 23230	
Purpose of Disbursement Event Refreshments	Category/Type 003	<b>Transaction ID : SB17-EX2404</b> <b>[MEMO ITEM]</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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Giant</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 3131 Duke St		Amount of Each Disbursement this Period 11.36
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Event Refreshments	Category/Type 003	<b>Transaction ID : SB17-EX2405</b> <b>[MEMO ITEM]</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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Home Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 11260 W Broad St		Amount of Each Disbursement this Period 51.11
City Glen Allen	State VA Zip Code 23060	
Purpose of Disbursement Event Supplies	Category/Type 003	<b>Transaction ID : SB17-EX2406</b> <b>[MEMO ITEM]</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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 74 OF 77	
	<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. Target Corporation</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015	
Mailing Address 1000 Nicolet Mall			Amount of Each Disbursement this Period 36.67	
City Minneapolis	State MN	Zip Code 55403	Transaction ID : SB17-EX2407	
Purpose of Disbursement Event Supplies		Category/ Type 003	[MEMO ITEM]	
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)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Center Of The Universe Brewing Co</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015	
Mailing Address 11293 Air Park Rd			Amount of Each Disbursement this Period 151.45	
City Ashland	State VA	Zip Code 23005	Transaction ID : SB17-EX2408	
Purpose of Disbursement Event Refreshments		Category/ Type 003	[MEMO ITEM]	
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)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. I-Rite iPhone Screen Repair</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015	
Mailing Address 11634 W Broad St			Amount of Each Disbursement this Period 217.94	
City Richmond	State VA	Zip Code 23233	Transaction ID : SB17-EX2440	
Purpose of Disbursement Phone Expense		Category/ Type 001	Phone Expense	
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)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	217.94
<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 75 OF 77	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<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. IPCPR PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 18 / 2015</b>
Mailing Address <b>4 Bradley Park Court Suite 2H</b>		Amount of Each Disbursement this Period <b>307.60</b>
City <b>Columbus</b>	State <b>GA</b>	Zip Code <b>31094</b>
Purpose of Disbursement <b>IN-KIND RECEIVED Cigars for event</b>		Category/ Type
Candidate Name <b>IPCPR 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) <b>Primary 2016</b>	<b>In-Kind Received Cigars for event</b>
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Mr. Whit Baldwin</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 24 / 2015</b>
Mailing Address <b>5721 Gulfstream Rd</b>		Amount of Each Disbursement this Period <b>2700.00</b>
City <b>Richmond</b>	State <b>VA</b>	Zip Code <b>23250</b>
Purpose of Disbursement <b>IN-KIND RECEIVED Event Space Rental</b>		Category/ Type
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) <b>Primary 2016</b>	<b>In-Kind Received Event Space Rental</b>
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Mr. Whit Baldwin</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 24 / 2015</b>
Mailing Address <b>5721 Gulfstream Rd</b>		Amount of Each Disbursement this Period <b>2300.00</b>
City <b>Richmond</b>	State <b>VA</b>	Zip Code <b>23250</b>
Purpose of Disbursement <b>IN-KIND RECEIVED Event Space Rental</b>		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2016</b>	<b>In-Kind Received Event Space Rental</b>
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5307.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>72256.46</b>

**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 76 OF 77	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" 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. Republican Party Of Virginia Inc</b>		Date of Disbursement MM / DD / YYYY <b>06 / 02 / 2015</b>
Mailing Address 115 E Grace St		Amount of Each Disbursement this Period \$ 1000.00 <b>Transaction ID : SB21-EX2376</b>
City Richmond	State VA Zip Code 23219	
Purpose of Disbursement Contribution to Committee	Category/Type <b>011</b>	Contribution to Committee
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)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
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:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
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).....	\$ 1000.00
<b>TOTAL</b> This Period (last page this line number only).....	\$ 1000.00

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Friends of Dave Brat Inc.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HSP Direct</b>		Nature of Debt (Purpose): Invoice: Direct Mail Expense
Mailing Address 20130 Lakeview Center Plaza Suite 300		
City State	Zip Code	
Ashburn VA	20147	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV2341</b>	
.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
9850.00	.00	9850.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	9850.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	9850.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	9850.00