

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

1. NAME OF COMMITTEE IN FULL Friends of Dave Brat Inc.			
ADDRESS (number and street) PO Box 5094			
CITY Glen Allen	STATE VA	ZIP CODE 23058	
2. NAME OF CANDIDATE Brat, David, Alan, Mr.,		3. OFFICE SOUGHT (State and District) House VA 07	
		4. FEC IDENTIFICATION NUMBER C00554949	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME Austin, Robert, , ,			
MAILING ADDRESS PO Box 461344		Name of Employer Unaka Co. Inc.	
CITY Garland		STATE TX	ZIP CODE 75046
		Occupation Businessman	
		Date (month, day, year) 10/20/2018	Amount 2700.00
		Transaction ID : F65-CN51639	
B. FULL NAME Barney, Stephen, , ,			
MAILING ADDRESS 11510 Turtle Beach Rd		Name of Employer Retired	
CITY N Palm Beach		STATE FL	ZIP CODE 33408
		Occupation Retired	
		Date (month, day, year) 10/19/2018	Amount 1000.00
		Transaction ID : F65-CN49246	
C. FULL NAME Bryan, John, , ,			
MAILING ADDRESS 9451 Barbur Blvd SW Apt 9		Name of Employer Retired	
CITY Portland		STATE OR	ZIP CODE 97219
		Occupation Retired	
		Date (month, day, year) 10/19/2018	Amount 2700.00
		Transaction ID : F65-CN49460	
D. FULL NAME Dolan, John, , ,			
MAILING ADDRESS 17 Howard Dr		Name of Employer retired	
CITY Huntington		STATE NY	ZIP CODE 11743
		Occupation executive	
		Date (month, day, year) 10/19/2018	Amount 1000.00
		Transaction ID : F65-CN49458	
E. FULL NAME Gamble, Kathryn, , ,			
MAILING ADDRESS 459 Belden Ave W		Name of Employer Lincoln Park Zoo	
CITY Chicago		STATE IL	ZIP CODE 60614
		Occupation veterinarian	
		Date (month, day, year) 10/20/2018	Amount 2700.00
		Transaction ID : F65-CN51611	
SIGNATURE (optional) Agliano, Debbie, , Mrs.,		DATE 10/21/2018	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
<i>[Electronically Filed]</i>			

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

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Gelman, Lawrence, , , 3900 Sundown Dr Mcallen TX 78503	Name of Employer McAllen Anesthesia Transaction ID : F65-CN51592 Occupation Physician	Date (month, day, year) 10/19/2018	Amount 2000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Gottwald, John, David, , 150 Lower Tuckahoe Rd Richmond VA 23238	Name of Employer Tredegar Corporation Transaction ID : F65-CN48697 Occupation Executive	Date (month, day, year) 10/19/2018	Amount 2700.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Levy, Edward, , Mr., 970 Shirley Rd Birmingham MI 48009	Name of Employer Edward C Levy Co Transaction ID : F65-CN49372 Occupation Executive Chairman	Date (month, day, year) 10/19/2018	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Liptak, David, , , 26 63rd St E Apt PH New York NY 10065	Name of Employer Spring Street Partners LP Transaction ID : F65-CN48695 Occupation Investment manager	Date (month, day, year) 10/19/2018	Amount 1000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Maeder, Edward, Charles, Mr., 300 Ridge Rd N Unit 19 Henrico VA 23229	Name of Employer Retired Transaction ID : F65-CN48694 Occupation Attorney	Date (month, day, year) 10/19/2018	Amount 1000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Williams, Chris, , , 231 E Alessandro Suite A # 360 Riverside CA 92508	Name of Employer Self Transaction ID : F65-CN51622 Occupation Investor	Date (month, day, year) 10/20/2018	Amount 2500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount