

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 71596 HENRICO VA 23255 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00554949 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE VA DISTRICT 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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/01/DD/01/YYYY 2024 through MM/03/DD/31/YYYY 2024

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 Selph, John, G., Mr., Signature of Treasurer Selph, John, G., Mr., Date MM/04/DD/12/YYYY 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**FRIENDS OF DAVE BRAT INC.**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="0.00"/>	<input type="text" value="200.00"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	<input type="text" value="0.00"/>	<input type="text" value="200.00"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="679.00"/>	<input type="text" value="2572.18"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="679.00"/>	<input type="text" value="2572.18"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="71580.03"/>	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

FRIENDS OF DAVE BRAT INC.

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	200.00
(iii) TOTAL of contributions from individuals ▶	0.00	200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	200.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	200.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	679.00	2572.18
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	8000.00	17000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	8679.00	19572.18

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	80259.03
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	80259.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8679.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	71580.03

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3N  
Transaction ID :

The committee intends to continue donating its remaining funds to other political committees and to charities.

Form/Schedule:  
Transaction ID:

# 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 6 OF 10	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FRIENDS OF DAVE BRAT INC.**

Full Name (Last, First, Middle Initial) <b>A. Forest Consulting Services</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2024	
Mailing Address PO Box 71596			FEC Identification Number C	
City Richmond	State VA	Zip Code 23255	Amount of Each Disbursement this Period 600.00	
Purpose of Disbursement Accounting and reporting services		Category/ Type 001	Transaction ID : SB17.4267	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Google Services</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2024	
Mailing Address 1600 Ampitheatre Pkwy			FEC Identification Number C	
City Mountain View	State CA	Zip Code 94043	Amount of Each Disbursement this Period 18.00	
Purpose of Disbursement		Category/ Type 001	Transaction ID : SB17.4275	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Google Services</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2024	
Mailing Address 1600 Ampitheatre Pkwy			FEC Identification Number C	
City Mountain View	State CA	Zip Code 94043	Amount of Each Disbursement this Period 18.00	
Purpose of Disbursement		Category/ Type 001	Transaction ID : SB17.4276	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	636.00
<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 7 OF 10	
	<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	
A. Google Services			M M / D D / Y Y Y Y 03 / 05 / 2024	
Mailing Address 1600 Ampitheatre Pkwy			FEC Identification Number	
City Mountain View	State CA	Zip Code 94043	C	
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period	
		001	18.00	
Candidate Name		Transaction ID : SB17.4277		
Office Sought:	House Senate President	Disbursement For: 2024		
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
State: District:		<input type="checkbox"/> Other (specify) ▼		
		<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial)			Date of Disbursement	
B.			M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number	
City	State	Zip Code	C	
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period	
Candidate Name		Memo Item		
Office Sought:	House Senate President	Disbursement For:		
		<input type="checkbox"/> Primary <input type="checkbox"/> General		
State: District:		<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial)			Date of Disbursement	
C.			M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number	
City	State	Zip Code	C	
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period	
Candidate Name		Memo Item		
Office Sought:	House Senate President	Disbursement For:		
		<input type="checkbox"/> Primary <input type="checkbox"/> General		
State: District:		<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	18.00
<b>TOTAL</b> This Period (last page this line number only).....▶	654.00

# 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 8 OF 10	
	<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. Conservative Partnership Institute Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2024	
Mailing Address 300 Independence Avenue SE			FEC Identification Number C	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Donation		Category/ Type 012	Transaction ID : SB21.4280	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. DONALD J. TRUMP FOR PRESIDENT 2024, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2024	
Mailing Address P.O. BOX 13570			FEC Identification Number C C00828541	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign contribution		Category/ Type 011	Transaction ID : SB21.4272	
Candidate Name Trump, Donald, J, ,		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. DONALD J. TRUMP FOR PRESIDENT 2024, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2024	
Mailing Address P.O. BOX 13570			FEC Identification Number C C00828541	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Donation		Category/ Type 011	Transaction ID : SB21.4278	
Candidate Name Trump, Donald, J, ,		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<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 9 OF 10	
	<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. Immigration Accountability Project</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2024	
Mailing Address PO Box 1481			FEC Identification Number C	
City Long Beach	State MS	Zip Code 39560	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Donation		Category/ Type 012	Transaction ID : SB21.4269	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Immigration Accountability Project</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2024	
Mailing Address PO Box 1481			FEC Identification Number C	
City Long Beach	State MS	Zip Code 39560	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Donation		Category/ Type 012	Transaction ID : SB21.4281	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <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 Heritage Foundation</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2024	
Mailing Address 214 Massachusetts Ave NE			FEC Identification Number C	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Donation		Category/ Type 012	Transaction ID : SB21.4268	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<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 10 OF 10	
	<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. The Heritage Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2024
Mailing Address 214 Massachusetts Ave NE		FEC Identification Number C
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Donation		Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type 012	Transaction ID : SB21.4279
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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 M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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).....▶	8000.00