

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2012 APR 13 AM 11:28 FEC MANU CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 FRIENDS OF DR JANIS C BROOKS

ADDRESS (number and street) P.O. BOX 414 C/O 814 MAPLE AVENUE NORTH VERSAILLES PA 15137-1346

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00510917 3. IS THIS REPORT X NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT PA 14

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 04' 24' 2012 in the State of PA (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M N / D D / Y Y Y Y in the State of

5. Covering Period 01' 01' 2012 through 04' 09' 2012

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 SHERI A. BEVENS Signature of Treasurer Sheri A. Bevins Date 04' 09' 2012

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 grid and FEC FORM 3 (Revised 02/2003)

12030774013

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

FRIENDS OF DR. JANIS C. BROOKS

Report Covering the Period: From: ^{Mo}01 ^{Da}01 ^{Yr}2012 To: ^{Mo}04 ^{Da}04 ^{Yr}2012

12030774014

	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))	975.00	
(b) Total Contribution Refunds (from Line 20(d))	0.00	
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	975.00	
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4,192.00	
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	4,192.00	
8. Cash on Hand at Close of Reporting Period (from Line 27)	548.01	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	7,226.72	

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)

Page 3

Write or Type Committee Name

FRIENDS OF DR. JAMES C. BROOKS

Report Covering the Period: From: *01' 01' 2012* To: *04' 04' 2012*

12030774015

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).....	285.00	
(ii) Unitemized.....	690.00	
(iii) TOTAL of contributions from individuals ▶	975.00	
(b) Political Party Committees.....	0.00	
(c) Other Political Committees (such as PACs).....	0.00	
(d) The Candidate.....	0.00	
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	975.00	
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	4,050.00	
(b) All Other Loans.....	0.00	
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	4,050.00	
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	5,025.00	

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	4,192.00	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	
(b) Of All Other Loans	0.00	
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	
(b) Political Party Committees.....	0.00	
(c) Other Political Committees (such as PACs).....	0.00	
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	
21. OTHER DISBURSEMENTS	285.00	
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4,477.00	

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5,025.00
25. SUBTOTAL (add Line 23 and Line 24).....	5,025.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4,477.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	548.00

12030774016

**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 / OF /
	<input type="checkbox"/> 11a 12 <input checked="" 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 DR. JANIS C. BROOKS

A. Full Name (Last, First, Middle Initial)
BROOKS JANIS C

Mailing Address
814 MAPLE AVENUE

City **NORTH VERSAILLES** State **PA** Zip Code **15137**

FEC ID number of contributing federal political committee. **C00510917**

Name of Employer **C.A.D. A. Nonprofit** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
01'12'2012

Amount of Each Receipt this Period
4,050.00

PERSONAL FUNDS

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

4,050.00

12030774017

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

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

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF DR. JANIS C. BROOKS

Full Name (Last, First, Middle, Initial)
A. WATTS, James W. JR.

Mailing Address
808 Talbot Avenue

City **BRADDOCK** State **PA** Zip Code **15104**

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

Name of Employer **SELF EMPLOYED** Occupation **MORTICIAN**

Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date **285.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 11 / 2012

Amount of Each Receipt this Period
285.00

Full Name (Last, First, Middle Initial)

B. Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

285.00

12030774018

**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 / OF /

<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 DR. JANIS C. BROOKS

Full Name (Last, First, Middle Initial)

A. *Allegheny City Democratic Committee*

Mailing Address

73 SOUTH 13th ST

City

PITTSBURGH

State

PA

Zip Code

15203

Purpose of Disbursement

FILING FEE - DEMOCRATIC CMTE

001

Candidate Name

DR. JANIS C. BROOKS

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *PA*

District: *14*

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

4,000.00

- supporting line 17

Full Name (Last, First, Middle Initial)

B. *[Faded]*

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

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

4,000.00

12030774019

**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 / OF /

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF DR. JANIS C. BROOKS

Full Name (Last, First, Middle Initial)

A. WATTS, James W. JR

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2012

Mailing Address
808 Talbot Avenue

City State Zip Code
Braddock PA 15104

Amount of Each Disbursement this Period

285.00

Purpose of Disbursement
IN KIND: NOTARY

Category/
Type
001

Candidate Name
DR. JANIS C. BROOKS

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: PA District: 14

B. Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: District:

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

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: District:

SUBTOTAL of Disbursements This Page (optional).....

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

285.00

12030774020

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE / OF /

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF DR. JANIS C. BROOKS

LOAN SOURCE Full Name (Last, First, Middle Initial)
BROOKS, JANIS C.

Mailing Address
814 MAPLE AVENUE

Election:
 Primary
 General
 Other (specify) ▼

City State ZIP Code
NORTH VERSAILLES PA 15137

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4,050.00	0.00	4,050.00

TERMS Date Incurred *PERSONAL FUNDS* Date Due Interest Rate Secured:

01 '12' 2012 *none* *none* % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

TOTALS This Period (last page in this line only)..... ▶ *4,050.00*

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030774021

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

FRIENDS OF DR. JANIS C. BROOKS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): OFFICE SUPPLIES
Mailing Address P.O. BOX 3429		- CREDIT CARD DEBT TO BE REIMBURSED
City State PITTSBURGH PA	Zip Code 15230-3429	
Outstanding Balance Beginning This Period		
Amount Incurred This Period 1498	Payment This Period 000	Outstanding Balance at Close of This Period 1498

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): JANUARY PHONE BILL
Mailing Address P.O. BOX 3429		- CREDIT CARD DEBT TO BE REIMBURSED
City State PITTSBURGH PA	Zip Code 15230-3429	
Outstanding Balance Beginning This Period		
Amount Incurred This Period 2349	Payment This Period 000	Outstanding Balance at Close of This Period 2349

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): BUS TICKET
Mailing Address P.O. BOX 3429		- CREDIT CARD DEBT TO BE REIMBURSED
City State PITTSBURGH PA	Zip Code 15230-3429	
Outstanding Balance Beginning This Period		
Amount Incurred This Period 4750	Payment This Period 000	Outstanding Balance at Close of This Period 4750

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

12030774022

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 2 OF 7
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FRIENDS OF DR. JANIS C. BROOKS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): POSTAGE
Mailing Address P.O. BOX 3429		- CREDIT CARD DEBT TO BE REIMBURSED
City	State Zip Code PITTSBURGH PA 15230-3429	
Outstanding Balance Beginning This Period		
Amount Incurred This Period 4500	Payment This Period 000	Outstanding Balance at Close of This Period 4500

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): BUSINESS CARDS
Mailing Address P.O. BOX 3429		- CREDIT CARD DEBT TO BE REIMBURSED
City	State Zip Code PITTSBURGH PA 15230-3429	
Outstanding Balance Beginning This Period		
Amount Incurred This Period 3049	Payment This Period 000	Outstanding Balance at Close of This Period 3049

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): CERTIFIED MAIL
Mailing Address P.O. BOX 3429		- CREDIT CARD DEBT TO BE REIMBURSED
City	State Zip Code PITTSBURGH PA 15230-3429	
Outstanding Balance Beginning This Period		
Amount Incurred This Period 530	Payment This Period 000	Outstanding Balance at Close of This Period 530

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

12030774023

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 3 OF 7
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FRIENDS OF DR. JANIS C. BROOKS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): GARAGE FEE
Mailing Address P.O. BOX 3429		- CREDIT CARD DEBT TO BE REIMBURSED
City PITTSBURGH PA	State PA	
Zip Code 15230-3429		
Outstanding Balance Beginning This Period		
Amount Incurred This Period 500	Payment This Period 000	Outstanding Balance at Close of This Period 500

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): NOTARY
Mailing Address P.O. BOX 3429		- CREDIT CARD DEBT TO BE REIMBURSED
City PITTSBURGH PA	State PA	
Zip Code 15230-3429		
Outstanding Balance Beginning This Period		
Amount Incurred This Period 1500	Payment This Period 000	Outstanding Balance at Close of This Period 1500

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): FEBRUARY PHONE BILL
Mailing Address P.O. BOX 3429		- CREDIT CARD DEBT TO BE REIMBURSED
City PITTSBURGH PA	State PA	
Zip Code 15230-3429		
Outstanding Balance Beginning This Period		
Amount Incurred This Period 1510	Payment This Period 000	Outstanding Balance at Close of This Period 1510

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

12030774024

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
FRIENDS OF DR. JANIS C. BROOKS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): PRINTING
Mailing Address P.O. BOX 3429		- CREDIT CARD DEBT TO BE REIMBURSED
City PITTSBURGH PA	State PA	
Zip Code 15230-3429		
Outstanding Balance Beginning This Period		
Amount Incurred This Period 1199	Payment This Period 000	Outstanding Balance at Close of This Period 1199

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): POST CARDS
Mailing Address P.O. BOX 3429		- CREDIT CARD DEBT TO BE REIMBURSED
City PITTSBURGH PA	State PA	
Zip Code 15230-3429		
Outstanding Balance Beginning This Period		
Amount Incurred This Period 19377	Payment This Period 000	Outstanding Balance at Close of This Period 19377

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): MARCH PHONE BILL
Mailing Address P.O. BOX 3429		- CREDIT CARD DEBT TO BE REIMBURSED
City PITTSBURGH PA	State PA	
Zip Code 15230-3429		
Outstanding Balance Beginning This Period		
Amount Incurred This Period 925	Payment This Period 000	Outstanding Balance at Close of This Period 925

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

12030774025

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 5 OF 7
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FRIENDS OF DR. JANIS C. BROOKS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): PRINTING SERVICES
Mailing Address P.O. Box 3429		- CREDIT CARD DEBT TO BE REIMBURSED
City PITTSBURGH PA	Zip Code 15230-3429	
Outstanding Balance Beginning This Period		
Amount Incurred This Period 35120	Payment This Period 000	Outstanding Balance at Close of This Period 35120

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): PRINTING SERVICES
Mailing Address P.O. Box 3429		- CREDIT CARD DEBT TO BE REIMBURSED
City PITTSBURGH PA	Zip Code 15230-3429	
Outstanding Balance Beginning This Period		
Amount Incurred This Period 73973	Payment This Period 000	Outstanding Balance at Close of This Period 73973

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): POSTERS
Mailing Address P.O. Box 3429		- CREDIT CARD DEBT TO BE REIMBURSED
City PITTSBURGH PA	Zip Code 15230-3429	
Outstanding Balance Beginning This Period		
Amount Incurred This Period 5636	Payment This Period 000	Outstanding Balance at Close of This Period 5636

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

12030774026

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE <u>6</u> OF <u>7</u>
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FRIENDS OF DR. JANIS C. BROOKS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): POSTAGE
Mailing Address P.O. BOX 3429		- CREDIT CARD DEBT TO BE REIMBURSED
City PITTSBURGH PA	State PA	
Zip Code 15230-3429		
Outstanding Balance Beginning This Period		
Amount Incurred This Period 19.30	Payment This Period 0.00	Outstanding Balance at Close of This Period 19.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): PRINTING SERVICES
Mailing Address P.O. BOX 3429		- CREDIT CARD DEBT TO BE REIMBURSED
City PITTSBURGH PA	State PA	
Zip Code 15230-3429		
Outstanding Balance Beginning This Period		
Amount Incurred This Period 1100.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): OFFICE SUPPLIES
Mailing Address P.O. BOX 3429		- CREDIT CARD DEBT TO BE REIMBURSED
City PITTSBURGH PA	State PA	
Zip Code 15230-3429		
Outstanding Balance Beginning This Period		
Amount Incurred This Period 64.44	Payment This Period 0.00	Outstanding Balance at Close of This Period 64.44

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

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 7 OF 7
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (in Full)
FRIENDS OF DR. JANIS C. BROOKS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BROOKS, JANIS C.	Nature of Debt (Purpose): <i>out-of-pocket expenses -to be reimbursed</i>
Mailing Address 814 MAPLE AVENUE	
City / State / Zip Code NORTH VERSAILLES PA 15137	

Outstanding Balance Beginning This Period		
Amount Incurred This Period 428 82	Payment This Period 0 0 0	Outstanding Balance at Close of This Period 428 82

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) SUBTOTALS This Period This Page (optional)	▶	
2) TOTALS This Period (last page this line number only)	▶	3 176 72
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	4 050 00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		7 226 72

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Federal Election Commission
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