

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2017 JAN 25 AM 11:39  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

FRIENDS OF DR JAMIS C BROOKS

ADDRESS (number and street) P O BOX 414  
 Check if different than previously reported. (ACC) 610 814 MAPLE AVENUE  
 NORTH VIRSAILLES PA 15137-2808  
 CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00510917  
 3. IS THIS REPORT X NEW (N) OR AMENDED (A)  
 STATE ▼ DISTRICT PA 114

4. TYPE OF REPORT (Choose One)  
 (a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 X 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 10 01 2016 through 12 31 2016

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 Cheryl L Allen  
 Signature of Treasurer Cheryl L Allen Date 01 15 2017

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

2017-01-25 11:39 AM RECEIVED

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Page 2

Write or Type Committee Name

Friends of Dr. James C. Brooks

Report Covering the Period: From:

<sup>M M / D D / Y Y Y Y</sup>  
10 / 01 / 2016

To:

<sup>M M / D D / Y Y Y Y</sup>  
12 / 31 / 2016

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)) ....                                      | , 22.95                 | , 129357                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | , .                     | , .                                |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                     | , 22.95                 | , 129357                           |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | , 250.70                | , 16,12832                         |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                       | , .                     | , .                                |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                               | , 250.70                | , 16,12832                         |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                      | , 480.87                |                                    |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | , .                     |                                    |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | , 17,658.08             |                                    |

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

2017-01-25 10:00 AM

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Page 3

Write or Type Committee Name

Friends of Dr. Lewis C. Brooks

Report Covering the Period: From: <sup>M M / D D / Y Y Y Y</sup> 10 01 2016 To: <sup>M M / D D / Y Y Y Y</sup> 12 31 2016

**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).....              | , | , | 22.95 | , | , | 1,293.54 |
| (ii) Unitemized.....                            | , | , | .     | , | , | .        |
| (iii) TOTAL of contributions from individuals ▶ | , | , | 22.95 | , | , | 1,293.54 |

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

|   |   |   |       |   |   |          |
|---|---|---|-------|---|---|----------|
| (add Lines 11(a)(iii), (b), (c), and (d)).. | , | , | 22.95 | , | , | 1,293.54 |
|---|---|---|-------|---|---|----------|

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

|   |   |       |   |           |
|---|---|-------|---|-----------|
| , | , | 27.75 | , | 17,658.08 |
| , | , | .     | , | .         |
| , | , | 27.75 | , | 17,658.08 |

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

15. OTHER RECEIPTS (Dividends, Interest, etc.) .....

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

|   |   |       |   |   |
|---|---|-------|---|---|
| , | , | 50.70 | , | . |
|---|---|-------|---|---|

2017-10-01 10:25:01 AM

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

Page 4

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

|  |   |   |        |   |   |           |
|--|---|---|--------|---|---|-----------|
| 17. OPERATING EXPENDITURES.....  | , | , | 50.70  | , | , | 15,9283.2 |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                  | , | , | .      | , | , | .         |
| 19. LOAN REPAYMENTS:   |   |   |        |   |   |           |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....               | , | , | 200.00 | , | , | 1,700.00  |
| (b) Of All Other Loans .....   | , | , | .      | , | , | .         |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....            | , | , | 200.00 | , | , | 1,700.00  |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                       |   |   |        |   |   |           |
| (a) Individuals/Persons Other<br>Than Political Committees .....       | , | , | .      | , | , | .         |
| (b) Political Party Committees.....                                    | , | , | .      | , | , | .         |
| (c) Other Political Committees<br>(such as PACs).....                  | , | , | .      | , | , | .         |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c))..... | , | , | .      | , | , | .         |
| 21. OTHER DISBURSEMENTS .....  | , | , | .      | , | , | .         |
| 22. TOTAL DISBURSEMENTS<br>(add Lines 17, 18, 19(c), 20(d), and 21) ►  | , | , | 250.70 | , | , | 17,6283.2 |

**III. CASH SUMMARY**

|   |   |   |        |
|---|---|---|--------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | , | , | 680.84 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | , | , | 50.70  |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | , | , | 731.54 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | , | , | 250.70 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | , | , | 480.84 |

2017-01-25 00:45:00

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

|   |  |      |    |
|---|--|------|----|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE | OF |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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. Lewis C. Brooks**

**A.** Full Name (Last, First, Middle Initial)  
**Allen, Cheryl L.**

Mailing Address  
**119 Watkins Ave.**

City  
**Wilmerding,** State  
**PA** Zip Code  
**15148**

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  
**11 05 2016**

Amount of Each Receipt this Period  
**22.95**

Memo Item

**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  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**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  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

**TOTAL** This Period (last page this line number only)..... ▶ **22.95**

2017-01-25 00:00:01

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 1 OF 1                         |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Friends of Dr. Javis C. Brooks**

|  |  |  |  |  |
|--|--|--|--|--|
| A. <b>Segway</b>   |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>12 31 2016</b> |  |
| Mailing Address<br><b>2310 S. Sepulveda Blvd.</b>  |  |  | FEC Identification Number<br><b>C00510917</b>                    |  |
| City<br><b>Los Angeles</b>   | State<br><b>CA</b>   | Zip Code<br><b>90064</b>                     | Amount of Each Disbursement this Period<br><b>, , 27.75</b>      |  |
| Purpose of Disbursement<br><b>Phone Bill</b>   |  | Candidate Name<br><b>Dr. Javis C. Brooks</b> | Category/<br>Type  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Memo Item  |  |
| State: <b>PA</b> District: <b>14</b>   |  |  | Full Name (Last, First, Middle Initial)                          |  |

|  |  |  |  |  |
|--|--|--|--|--|
| B. <b>USPS</b>   |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>11 05 2016</b> |  |
| Mailing Address<br><b>2630 Monroeville Blvd.</b>   |  |  | FEC Identification Number<br><b>C00510917</b>                    |  |
| City<br><b>Monroeville</b>   | State<br><b>PA</b>   | Zip Code<br><b>15146</b>                     | Amount of Each Disbursement this Period<br><b>, , 22.95</b>      |  |
| Purpose of Disbursement<br><b>Postage</b>  |  | Candidate Name<br><b>Dr. Javis C. Brooks</b> | Category/<br>Type  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Memo Item  |  |
| State: <b>PA</b> District: <b>14</b>   |  |  | Full Name (Last, First, Middle Initial)                          |  |

|  |  |  |  |  |
|--|--|--|--|--|
| C. <b>Brooks, Javis C.</b>   |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 01 2016</b> |  |
| Mailing Address<br><b>814 Maple Ave.</b>   |  |  | FEC Identification Number<br><b>C00510917</b>                    |  |
| City<br><b>North Versailles</b>  | State<br><b>PA</b>   | Zip Code<br><b>15137</b>                     | Amount of Each Disbursement this Period<br><b>, , 200.00</b>     |  |
| Purpose of Disbursement<br><b>Loan Repayment</b>   |  | Candidate Name<br><b>Dr. Javis C. Brooks</b> | Category/<br>Type  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Memo Item  |  |
| State: <b>PA</b> District: <b>14</b>   |  |  | Full Name (Last, First, Middle Initial)                          |  |

|   |                   |
|---|-------------------|
| SUBTOTAL of Disbursements This Page (optional).....▶      | , , .             |
| TOTAL This Period (last page this line number only).....▶ | , , <b>250.70</b> |

NOTIFICATION

**SCHEDULE C (FEC Form 3)**

**LOANS**

|   |  |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 1 OF 1  |
|   | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)  
**Friends of Dr. James C. Brooks**

|  |                    |   |
|--|--------------------|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item<br><b>Brooks, James C.</b> |                    | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br><b>814 Maple Ave.</b>   |                    | <input checked="" type="checkbox"/> Personal Funds of the Candidate   |
| City<br><b>North Versailles</b>  | State<br><b>PA</b> |   |

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| , 8,897.87              | , 1,700.00                 | , 17,658.08                                 |

|              |                              |                      |                           |  |
|--------------|------------------------------|----------------------|---------------------------|--|
| <b>TERMS</b> | Date Incurred <b>Various</b> | Date Due <b>NONE</b> | Interest Rate <b>NONE</b> | Secured:   |
|              | M M / D D / Y Y Y Y          | M M / D D / Y Y Y Y  | (If none, enter 0)        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|              |                              |                      | % (apr)                   |  |

| 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: |
|  |       |          | , , .             |              |

|   |             |
|---|-------------|
| <b>SUBTOTALS</b> This Period This Page (optional).....▶       | , , .       |
| <b>TOTALS</b> This Period (last page in this line only).....▶ | , 17,658.08 |

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

NOT FOR DISTRIBUTION

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

NAME OF COMMITTEE (In Full)  
*Friends of Dr. Jarvis C. Brooks*

|  |  |   |  |
|--|--|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><i>Brooks, Jarvis C.</i> |  | Nature of Debt (Purpose):   |  |
| Mailing Address<br><i>814 Maple Ave.</i>   |  |   |  |
| City<br><i>North Versailles</i>  | State<br><i>PA</i>                       | Zip Code<br><i>15137</i>  |  |
| Outstanding Balance Beginning This Period<br><i>, 17,830.33</i>                              |  |   |  |
| Amount Incurred This Period<br><i>, , 27.75</i>  | Payment This Period<br><i>, , 200.00</i> | Outstanding Balance at Close of This Period<br><i>, 17,658.08</i> |  |

|  |                     |   |  |
|--|---------------------|---|--|
| 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) 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) ..... | ▶ | , 17,658.08 |

NOT A FINANCIAL INSTITUTION



UNITED STATES POSTAL SERVICE

FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

PRIORITY MAIL

# PRIORITY MAIL

DATE OF DELIVERY SPECIFIED \*

USPS TRACKING™ INCLUDED \*

INSURANCE INCLUDED \*

PICKUP AVAILABLE

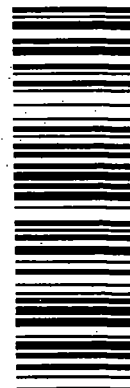
\* Domestic only

## AT RATE ENVELOPE

RATE \* ANY WEIGHT\*

Delivery Day: 01/25/2017

TRACKING NUMBER



015  
9 1/2

U.S. POSTAGE  
PAID  
WILMINGTON, PA  
15148  
JAN 23, 17  
AMOUNT  
**\$6.65**  
R2305M145405-11



20463



1004

FROM:

**PRIORITY MAIL** **UNITED STATES POSTAL SERVICE**  
VISIT US AT [USPS.COM](http://USPS.COM)  
ORDER FREE SUPPLIES ONLINE

FROM: Friends of Dr. J. J. Brooks

P.O. Box 414  
North Versailles, PA 15137-2808

TO:

Federal Election Commission  
999 E Street NW  
Washington, DC 20463

Label 228, July 2013

FOR DOMESTIC AND INTERNATIONAL USE

RECEIVED  
FEC MAIL CENTER  
2017 JAN 25 AM 11:09  
WHEN USED INTERNATIONALLY,  
A CUSTOMS DECLARATION  
LABEL MAY BE REQUIRED



UNITED STATES POSTAL SERVICE  
VISIT US AT [USPS.COM](http://USPS.COM)  
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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
1/23/17

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked



PREPARER

(3/2015)

1/25/17

DATE PREPARED

2017-01-25 10:00:00 AM