

April 15, 2013

Friends of Dr. Janis C. Brooks
P.O. Box 414
North Versailles, PA
Phone: 412 829-1652

Attn: Ms. Robin Kelly
Federal Elections Committee
999 E Street, NW
Washington DC 20463

RE: Committee FEC ID # C00510917

Dear Ms. Kelly:

Enclosed is the quarterly report for April. Also enclosed is a new form listing Ms. Cheryl Allen, CPA as the treasurer for the organization. Thank you for your assistance.

Sincerely,



Janis C. Brooks
Congressional Candidate

encls: report
Form

13031063224

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2013 APR 24 AM 11:20 Office Use Only

FEC MAIL CENTER

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

ADDRESS (number and street) Check if different than previously reported. (ACC) PO BOX 4114 C/O 814 MARLE AVENUE NORTH VERSAILES PA 15137-1346

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE STATE DISTRICT C NEW OR AMENDED 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 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 01 ' 01 ' 2013 through 03 ' 31 ' 2013

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 Signature of Treasurer Date

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)

13031063225

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

Friends of Dr. Jarvis C. Brooks

Report Covering the Period: From:

^M01' ^D01' ^Y2013

To:

^M03' ^D31' ^Y2013

13031063226

	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))....	, , 0.00	, , 0.00
(b) Total Contribution Refunds (from Line 20(d))	, , 0.00	, , 0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	, , 0.00	, , 0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	, , 66.75	, , 4,297.75
(b) Total Offsets to Operating Expenditures (from Line 14)	, , 0.00	, , 0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	, , 66.75	, , 4,297.75
8. Cash on Hand at Close of Reporting Period (from Line 27)	, , 175.01	
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)	, , 7,484.96	

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. Janice C. Brooks

Report Covering the Period: From:

^M ^M ' ^D ^D ' ^Y ^Y ^Y ^Y
03 01 2013

To:

^M ^M ' ^D ^D ' ^Y ^Y ^Y ^Y
03 31 2013

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

285.00

(ii) Unitemized.....

0.00

1,142.00

(iii) TOTAL of contributions from individuals ▶

0.00

1,142.00

(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

1,142.00

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

0.00

0.00

13. LOANS:

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

~~0.00~~ 666.75

~~0.00~~ 4,456.25

(b) All Other Loans.....

0.00

0.00

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

0.00

~~0.00~~ 4,456.25

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

5,477.00

13031063227

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	,	,	66.75	,	,	4,297.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	,	,	0.00	,	,	0.00
19. LOAN REPAYMENTS:						
(a) Of Loans Made or Guaranteed by the Candidate.....	,	,	800.00	,	,	800.00
(b) Of All Other Loans	,	,	0.00	,	,	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	,	,	0.00	,	,	800.00
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	,	,	0.00	,	,	285.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	,	,	866.75	,	,	5,382.75

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	,	,	961.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	,	,	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	,	,	961.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	,	,	866.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	,	,	94.25

13031063228

**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 1 OF 2			
	<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 Dr. Lewis C. Brooks

Full Name (Last, First, Middle Initial) <u>North Versailles Post Office</u>		Date of Disbursement M M ' D D ' Y Y Y Y <u>03 ' 06 ' 2012</u>	
Mailing Address		Amount of Each Disbursement this Period \$: 39.00 <u>Supporting line 17 pd by Debit Card</u>	
City	State		Zip Code
<u>North Versailles</u>	<u>PA</u>		<u>15137</u>
Purpose of Disbursement <u>Post Office Box Fee</u>	Candidate Name <u>Dr. Lewis C. Brooks</u>		
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 checked="" type="checkbox"/> Other (specify)		
State: <u>PA</u> District: <u>14</u>	Category/Type		

Full Name (Last, First, Middle Initial) <u>Segway</u>		Date of Disbursement M M ' D D ' Y Y Y Y <u>02 ' 18 ' 2013</u>	
Mailing Address		Amount of Each Disbursement this Period \$: 9.25	
City	State		Zip Code
<u>2310 S. Sepulveda Blvd</u>	<u>CA</u>		<u>90064</u>
Purpose of Disbursement	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 checked="" type="checkbox"/> Other (specify)		
State: <u>PA</u> District: <u>14</u>	Category/Type		

Full Name (Last, First, Middle Initial) <u>Segway</u>		Date of Disbursement M M ' D D ' Y Y Y Y <u>02 ' 13 ' 2012</u>	
Mailing Address		Amount of Each Disbursement this Period \$: 1850	
City	State		Zip Code
<u>2310 S. Sepulveda Blvd.</u>	<u>CA</u>		<u>90064</u>
Purpose of Disbursement <u>Payment of Jan + Feb.</u>	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 checked="" type="checkbox"/> Other (specify)		
State: <u>PA</u> District: <u>14</u>	Category/Type		

SUBTOTAL of Disbursements This Page (optional)	\$	\$	\$
TOTAL This Period (last page this line number only)	\$	\$	\$

13031063229

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) 13a 13b

NAME OF COMMITTEE (In Full)

Friends of Dr. Jenice C. Brooks

LOAN SOURCE Full Name (Last, First, Middle Initial)

Brooks, Jenice C.

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

814 Maple Avenue

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

4,186.75

80000

3,316.75

TERMS

Date Incurred

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)..... ▶

3,316.75

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

13031063230

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

Excluding Loans

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

PAGE / OF **9 / 10**

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 Zip Code

PITTSBURGH PA 15230-3429

Outstanding Balance Beginning This Period

14.98

Amount Incurred This Period

0.00

Payment This Period

14.98

Outstanding Balance at Close of This Period

0.00

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 Zip Code

PITTSBURGH PA 15230-3429

Outstanding Balance Beginning This Period

23.49

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

23.49

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 Zip Code

PITTSBURGH PA 15230-3429

Outstanding Balance Beginning This Period

47.50

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

47.50

- 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)

13031063231

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

Excluding Loans

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

PAGE 2 OF 9

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):

POSTAGE

Mailing Address

P.O. Box 3429

CREDIT CARD DEBT

City

PITTSBURGH PA 15230-3429

TO BE REIMBURSED

Outstanding Balance Beginning This Period

45.00

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.00

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

City

PITTSBURGH PA 15230-3429

TO BE REIMBURSED

Outstanding Balance Beginning This Period

30.49

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30.49

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

City

PITTSBURGH PA 15230-3429

TO BE REIMBURSED

Outstanding Balance Beginning This Period

5.30

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5.30

- 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)

13031063232

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

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

PAGE 3 OF 9

FOR LINE NUMBER: (check only one)

8
 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):

*GARAGE FEE
 CREDIT CARD DEBT
 TO BE REIMBURSED*

Mailing Address

P.O. Box 3429

City State

PITTSBURGH PA 15230-3429

Zip Code

Outstanding Balance Beginning This Period

5.00

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PNC BANK

Nature of Debt (Purpose):

*NOTARY
 CREDIT CARD DEBT
 TO BE REIMBURSED*

Mailing Address

P.O. Box 3429

City State

PITTSBURGH PA 15230-3429

Zip Code

Outstanding Balance Beginning This Period

15.00

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PNC BANK

Nature of Debt (Purpose):

*FEB PHONE BILL
 CREDIT CARD DEBT
 TO BE REIMBURSED*

Mailing Address

P.O. Box 3429

City State

PITTSBURGH PA 15230-3429

Zip Code

Outstanding Balance Beginning This Period

15.10

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.10

- 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)

13031063233

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

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <u>PNC BANK</u>		Nature of Debt (Purpose): <u>PRINTING</u>
Mailing Address <u>P.O. Box 3429</u>		<u>CREDIT CARD DEBT</u> <u>TO BE REIMBURSED</u>
City <u>PITTSBURGH PA</u>	Zip Code <u>15230-3429</u>	
Outstanding Balance Beginning This Period <u>11.99</u>		
Amount Incurred This Period <u>0.00</u>	Payment This Period <u>0.00</u>	Outstanding Balance at Close of This Period <u>11.99</u>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <u>PNC BANK</u>		Nature of Debt (Purpose): <u>POST CARDS</u> <u>CREDIT CARD DEBT</u> <u>TO BE REIMBURSED</u>
Mailing Address <u>P.O. Box 3429</u>		
City <u>PITTSBURGH PA</u>	Zip Code <u>15230-3429</u>	
Outstanding Balance Beginning This Period <u>193.77</u>		
Amount Incurred This Period <u>0.00</u>	Payment This Period <u>0.00</u>	Outstanding Balance at Close of This Period <u>193.77</u>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <u>PNC BANK</u>		Nature of Debt (Purpose): <u>MARATH PHONE BILL</u> <u>CREDIT CARD DEBT</u> <u>TO BE REIMBURSED</u>
Mailing Address <u>P.O. Box 3429</u>		
City <u>PITTSBURGH PA</u>	Zip Code <u>15230-3429</u>	
Outstanding Balance Beginning This Period <u>9.25</u>		
Amount Incurred This Period <u>0.00</u>	Payment This Period <u>0.00</u>	Outstanding Balance at Close of This Period <u>9.25</u>

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)	▶

13031063234

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

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 5 OF 9
	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 CREDIT CARD DEBT TO BE REIMBURSED
Mailing Address P.O. Box 3429		
City PITTSBURGH PA	Zip Code 15230-3429	
Outstanding Balance Beginning This Period 351.20		
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 351.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): PRINTING SERVICES CREDIT CARD DEBT TO BE REIMBURSED
Mailing Address P.O. Box 3429		
City PITTSBURGH PA	Zip Code 15230-3429	
Outstanding Balance Beginning This Period 739.73		
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 739.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): POSTERS CREDIT CARD DEBT TO BE REIMBURSED
Mailing Address P.O. Box 3429		
City PITTSBURGH PA	Zip Code 15230-3429	
Outstanding Balance Beginning This Period 56.36		
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 56.36

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)	▶	

13031063235

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 6 OF 9
	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 CREDIT CARD DEBT TO BE REIMBURSED	
Mailing Address P.O. BOX 3429			
City PITTSBURGH PA	State PA	Zip Code 15230-3429	
Outstanding Balance Beginning This Period 19.30			
Amount Incurred This Period 0.00	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 CREDIT CARD DEBT TO BE REIMBURSED	
Mailing Address P.O. BOX 3429			
City PITTSBURGH PA	State PA	Zip Code 15230-3429	
Outstanding Balance Beginning This Period 1,100.00			
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1,100.00	

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

13031063236

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 7 OF 9

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
BROOKS, JANIS C.

Mailing Address
814 MAPLE AVE.

City **N. VERSAILLES** State **PA** Zip Code **15137**

Nature of Debt (Purpose):
out-of-pocket expenses to be reimbursed

Outstanding Balance Beginning This Period
428.82

Amount Incurred This Period
0.00

Payment This Period
428.82

Outstanding Balance at Close of This Period
0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PNC BANK

Mailing Address
P.O. BOX 3429

City **PITTSBUR** State **PA** Zip Code **15230**

Nature of Debt (Purpose):
Yard Signage CREDIT CARD DEBT TO BE REIMBURSED

Outstanding Balance Beginning This Period
812.00

Amount Incurred This Period
0.00

Payment This Period
354.20

Outstanding Balance at Close of This Period
457.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PNC BANK

Mailing Address
P.O. BOX 3429

City **PITTSBURGH** State **PA** Zip Code **15230 - 3429**

Nature of Debt (Purpose):
ELECTION SUPPLIES CREDIT CARD DEBT TO BE REIMBURSED

Outstanding Balance Beginning This Period
431.2

Amount Incurred This Period
0.00

Payment This Period
0.00

Outstanding Balance at Close of This Period
431.2

- 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) ▶

13031063237

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 8 OF 9
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 <i>BROOKS JANIS C.</i>		Nature of Debt (Purpose): <i>Misc out-of-pocket EXPENSES TO BE REIMBURSED</i>
Mailing Address <i>814 MAPLE AVE.</i>		
City <i>N. VERSAILLES PA</i>	Zip Code <i>15137</i>	
Outstanding Balance Beginning This Period <i>147.62</i>		
Amount Incurred This Period <i>0.00</i>	Payment This Period <i>0.00</i>	Outstanding Balance at Close of This Period <i>147.62</i>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>PNC BANK</i>		Nature of Debt (Purpose): <i>APRIL, MAY, JUNE PHONE BILL (9.25@) TO BE REIMBURSED</i>
Mailing Address <i>P.O. BOX 3429</i>		
City <i>PITTSBURGH PA</i>	Zip Code <i>15230-3429</i>	
Outstanding Balance Beginning This Period <i>27.75</i>		
Amount Incurred This Period <i>0.00</i>	Payment This Period <i>0.00</i>	Outstanding Balance at Close of This Period <i>27.75</i>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>PNC BANK</i>		Nature of Debt (Purpose): <i>JULY, AUG, SEPT PHONE BILL (9.25@) TO BE REIMBURSED</i>
Mailing Address <i>P.O. BOX 3429</i>		
City <i>PITTSBURGH PA</i>	Zip Code <i>15230-3429</i>	
Outstanding Balance Beginning This Period <i>27.75</i>		
Amount Incurred This Period <i>27.75</i>	Payment This Period <i>0.00</i>	Outstanding Balance at Close of This Period <i>27.75</i>

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 9 OF 9

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Friends of Dr. Lewis C. Brook

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PNC Bank

Nature of Debt (Purpose):

Post office Box Fee

Mailing Address

P.O. Box 3429

City State Zip Code

Pittsburgh PA 15230 - 3429

Outstanding Balance Beginning This Period

39.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

39.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PNC Bank

Nature of Debt (Purpose):

Jan, Feb, Mar Phone Bill

Mailing Address

P.O. Box 3429

City State Zip Code

Pittsburgh PA 15230 - 3429

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)

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Federal Election Commission
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