

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 JAN -8 AM 11:45

Office Use Only

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 VERSAILES PA 15137-1346

2. FEC IDENTIFICATION NUMBER 00010917 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: X 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 in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 01 01 2014 through 03 31 2014

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 04 15 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 8 columns and 1 row for Office Use Only.

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

Friends of Dr. James C. Brooks

Report Covering the Period: From:

01 01 2014

To:

03 31 2014

	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))	260.00	260.00
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	260.00	260.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6,462.30	6,462.30
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	6,462.30	6,462.30
8. Cash on Hand at Close of Reporting Period (from Line 27)	550.45	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	9,898.42	

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 2014

To: 03 31 2014

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).....
 - (ii) Unitemized.....
 - (iii) TOTAL of contributions from individuals ▶
- (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))..

26000
26000

26000
26000

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)).....

646230
646230

646230
646230

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)..... ▶

672230

672230

20140331 10:00 AM

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

6,462.30

6,462.30

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

19. LOAN REPAYMENTS:
(a) Of Loans Made or Guaranteed
by the Candidate.....

(b) Of All Other Loans

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

20. REFUNDS OF CONTRIBUTIONS TO:
(a) Individuals/Persons Other
Than Political Committees

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs)

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

21. OTHER DISBURSEMENTS

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

6,462.30

6,462.30

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

290.75

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

6,722.30

25. SUBTOTAL (add Line 23 and Line 24).....

7,012.75

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

6,462.30

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

550.45

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 1 OF 2

11a 11b 11c 11d
 12 13a 13b 14 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. James C. Brooks

A. Full Name (Last, First, Middle Initial)
 James, Terralyn E.
 Mailing Address
 1001 Jefferson St.
 City: McKeesport State: PA Zip Code: 15132
 Date of Receipt: 02 17 2014
 Amount of Each Receipt this Period: 100.00
 FEC ID number of contributing federal political committee: C00510917
 Name of Employer: Occupation:
 Receipt For: Primary General
 Other (specify) Election Cycle-to-Date:

B. Full Name (Last, First, Middle Initial)
 Wilbers, John W.
 Mailing Address
 8525 Frankstown Rd.
 City: Pittsburgh State: PA Zip Code: 15235
 Date of Receipt: 02 18 2014
 Amount of Each Receipt this Period: 15.00
 FEC ID number of contributing federal political committee: C00510917
 Name of Employer: Occupation:
 Receipt For: Primary General
 Other (specify) Election Cycle-to-Date:

C. Full Name (Last, First, Middle Initial)
 Bridgeman, Corey
 Mailing Address
 2071 Guinivere Dr.
 City: N. Huntingdon State: PA Zip Code: 15642
 Date of Receipt: 02 27 2014
 Amount of Each Receipt this Period: 25.00
 FEC ID number of contributing federal political committee: C00510917
 Name of Employer: Occupation:
 Receipt For: Primary General
 Other (specify) Election Cycle-to-Date:

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

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

20100101

**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 <u>2</u> OF <u>2</u>
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Wilburn, John W.

Mailing Address
8526 Frankstown Rd

City Pittsburgh State PA Zip Code 15235

FEC ID number of contributing federal political committee. C00510917

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
MM / DD / YYYY
03 / 26 / 2014

Amount of Each Receipt this Period
2000

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

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. C00510917

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
MM / DD / YYYY
03 / 26 / 2014

Amount of Each Receipt this Period
10000

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
MM / DD / YYYY

Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only)..... 26000

2014-01-08 00:00:00

**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 / OF 3			
	<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. Seqway

Mailing Address: 2310 S. Sepulveda Blvd.

City: Los Angeles State: CA Zip Code: 90064

Purpose of Disbursement: Pymt. of Feb., Mar., Apr. phone bill

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: 01 13 2014

Amount of Each Disbursement this Period: 27.75

Supported by line 17
Paid by Debit Card

B. North Versailles Post Office

Mailing Address: North Versailles

City: North Versailles State: PA Zip Code: 15137

Purpose of Disbursement: Mailing Form 3

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: 01 13 2014

Amount of Each Disbursement this Period: 5.70

Supported by line 17
Paid by cash

C. North Versailles Post Office

Mailing Address: North Versailles

City: North Versailles State: PA Zip Code: 15137

Purpose of Disbursement: P.O. Box Rental

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: 01 13 2014

Amount of Each Disbursement this Period: 39.00

Supported by line 17
Paid by check

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

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

NOTICE OF INFORMATION

**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)			
	<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 JANTS C BROOKS

Full Name (Last, First, Middle Initial) A. Democratic Party		Date of Disbursement 02 12 2014
Mailing Address		Amount of Each Disbursement this Period 6000.00 Supported by line 17 Paid by check
City	State Zip Code	
Purpose of Disbursement Endorsement	Candidate Name Dr. Jants C. Brooks Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: PA District: 14	Full Name (Last, First, Middle Initial)	

Full Name (Last, First, Middle Initial) B. Commonwealth of PA		Date of Disbursement 03 05 2014
Mailing Address		Amount of Each Disbursement this Period 150.00 Supported by line 17 Paid by m.o.
City	State Zip Code	
Purpose of Disbursement Filing Fee	Candidate Name Dr. Jants C. Brooks Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: PA District: 14	Full Name (Last, First, Middle Initial)	

Full Name (Last, First, Middle Initial) C. Fed Ex Office		Date of Disbursement 03 10 2014
Mailing Address 4800 Jonestown Rd		Amount of Each Disbursement this Period 22.35 Supported by line 17 Paid by Debit Card
City	State Zip Code PA 17109	
Purpose of Disbursement Copies	Candidate Name Dr. Jants C Brooks Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: PA District: 14	Full Name (Last, First, Middle Initial)	

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

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

2015-01-08 10:00 AM

**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 3 OF 3

<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. Mega Bus		Date of Disbursement
Mailing Address		03 05 2014
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Travel to Harrisburg		32 50
Candidate Name		Category/ Type
Dr. Janis C Brooks		
Office Sought:	<input checked="" 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: PA	District: 14	
Full Name (Last, First, Middle Initial)		Supported by line 17 Paid by Debit Card

B. Various Rallies		Date of Disbursement
Mailing Address		02 12 2014
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Networking		185 00
Candidate Name		Category/ Type
Dr. Janis C Brooks		
Office Sought:	<input checked="" 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: PA	District: 14	
Full Name (Last, First, Middle Initial)		Supported by line 17 Paid by checks

C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/ Type
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:	

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

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

NON-PROFIT CORPORATION

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	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 814 Maple Avenue	
City North Versailles	State PA
ZIP Code 15137	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period 6,462.30
-------------------------	----------------------------	--

TERMS Date Incurred **Various** Date Due **NONE** Interest Rate **NONE** Secured:
% (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)..... ▶ **6648.42**

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

NON-PROFIT CORPORATION

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 Brooks, Janis C		Nature of Debt (Purpose):	
Mailing Address 814 Maple Avenue			
City	State	Zip Code	
North Versailles PA		15137	
Outstanding Balance Beginning This Period 3,426.12			
Amount Incurred This Period 6,462.30	Payment This Period	Outstanding Balance at Close of This Period 9,898.42	

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) ▶	

NON-PROFIT CORPORATION

POSTNET 9500 160 00 1 10 10 10 10

PRESS FIRMLY TO SEAL

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PRIORITY MAIL
BEST SERVICE

U.S. POSTAGE
PAID
PITTSBURGH, PA
15221
JAN 07 16
AMOUNT
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R2305M1 44505-04



20463

1007



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UNITED STATES POSTAL SERVICE®
PRIORITY MAIL® EXPRESS™

CUSTOMER USE ONLY
FROM: (PLEASE PRINT)
Friends of Dr. Janis C. Brooks
P.O. Box 414
N. Versailles, PA 15137
PHONE ()

PAYMENT BY ACCOUNT (If applicable)
DELIVERY OPTIONS (Customer Use Only)
 SIGNATURE REQUIRED (Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
Delivery Options
 No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
*Refer to USPS.com or local Post Office™ for availability.

TO: (PLEASE PRINT)
Federal Elections Committee
999 E Street NW
Washington, DC
PHONE ()
ZIP + 4® (U.S. ADDRESSES ONLY)
20463

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
\$100.00 Insurance Included.

WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE

ORIGIN (POSTAL SERVICE USE ONLY)			
<input checked="" type="checkbox"/> 1-Day PO ZIP Code 15221	<input type="checkbox"/> 2-Day Scheduled Delivery Date (MM/DD/YYYY) 1-8-16	Postage \$ 19.99	<input type="checkbox"/> Military <input type="checkbox"/> DPO
Date Accepted (MM/DD/YYYY) 1-7-16	Scheduled Delivery Time <input checked="" type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
Time Accepted 11:45 AM	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Weight 1.6 lbs	Flat Rate <input type="checkbox"/> Flat Rate ozs.	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt (MM/DD/YYYY) Time 20463	Employee Signature		
Delivery Attempt (MM/DD/YYYY) Time 20463	Employee Signature		

LABEL 11-B, SEPTEMBER 2015 PSN 7690-02-000-9996 3-ADDRESSEE COPY (a)

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2013 OD: 5)

01000006

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

USPS Priority Mail Express Postmarked
1/7/16

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

1/8/16
 DATE PREPARED

NON-PROFIT ORGANIZATION