

**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  
Check if different than previously reported. (ACC) NORTH VERSAILLES PA 15137-1346  
CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00510917  
3. IS THIS REPORT X NEW (N) OR AMENDED (A)  
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 \_\_\_\_\_ 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 2015 through 03 31 2015

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 2015

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

Office Use Only							
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**FEC FORM 3**  
(Revised 02/2003)

NON-PROFIT ORGANIZATION



**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

FRIENDS OF DR. JANIS C. BROOKS

Report Covering the Period: From:

01 01 2015

To:

03 31 2015

**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).....

260.00

(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)(ii), (b), (c), and (d))..

260.00

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

13. LOANS:

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

6,462.30

(b) All Other Loans.....

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

6,462.30

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)..... ▶

6,722.30

UNCONFIDENTIAL INFORMATION

**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.....		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) ►		6462.30

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	550.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	
25. SUBTOTAL (add Line 23 and Line 24).....	550.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	550.45

UNITED STATES POSTAL SERVICE

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

U.S. POSTAGE  
PAID  
PITTSBURGH, PA  
15221  
JAN 07, 16  
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20463

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BEST SERVICE



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**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.

ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> AM	<input type="checkbox"/> PM
PO ZIP Code 15221	Scheduled Delivery Date (MM/DD/YYYY) 1-8-16	Delivery Attempt (MM/DD/YYYY) Time AM	Employee Signature
Date Accepted (MM/DD/YYYY) 1-7-16	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Delivery Attempt (MM/DD/YYYY) Time AM	Employee Signature
Weight 1.47 lbs	10:30 AM Delivery Fee \$	Delivery Attempt (MM/DD/YYYY) Time AM	Employee Signature
Flat Rate \$	Sunday/Holiday Premium Fee \$	Delivery Attempt (MM/DD/YYYY) Time AM	Employee Signature
Weight 1.66 lbs	Return Receipt Fee \$	Delivery Attempt (MM/DD/YYYY) Time AM	Employee Signature
Postage \$19.99	Insurance Fee \$	Delivery Attempt (MM/DD/YYYY) Time AM	Employee Signature
Live Animal Transportation Fee \$	Total Postage & Fees \$	Delivery Attempt (MM/DD/YYYY) Time AM	Employee Signature

3-ADDRESSEE COPY 1a1

LABEL 11-B, SEPTEMBER 2015 PSN 7690-02-000-9996

2013 OD: (5)



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UNITED STATES

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Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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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

20150108 10:00 AM 00000000