

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER 2017 APR 14 AM 11:40 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

2808

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:

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 2017

through

03 31 2017

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 14 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.

Office Use Only

FEC FORM 3 (Revised 05/2016)

MONITORING: 40141-00-00

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: ^M01 ^D01 ^Y2017

To: ^M03 ^D31 ^Y2017

	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))....	6.65	1,300.19
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	6.65	1,300.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	34.40	15,962.72
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	34.40	15,962.72
8. Cash on Hand at Close of Reporting Period (from Line 27)	480.84	
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)	17,685.83	

For further information contact:

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

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

2017-04-14-03-00148249

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Page 3

Write or Type Committee Name

Friends of Dr. Janis C. Brooks

Report Covering the Period: From: ^{M M D D Y Y Y Y} 01 01 2017 To: ^{M M D D Y Y Y Y} 03 31 2017

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).....	,	,	6.65	,	1,300.19
(ii) Unitemized.....	,	,	.	,	.
(iii) TOTAL of contributions from individuals ▶	,	,	6.65	,	1,300.19

(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))..

,	,	6.65	,	1,300.19
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12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

13. LOANS:

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

,	,	27.75	,	17,685.83
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(b) All Other Loans.....

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

,	,	27.75	,	17,685.83
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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)..... ▶

,	,	34.40	,	18,986.02
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2017-04-14 PM 00:48:07

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.....	,	,	34.40	,	15,962.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	,	,		,	
19. LOAN REPAYMENTS:					
(a) Of Loans Made or Guaranteed by the Candidate.....	,	,		,	1,700.00
(b) Of All Other Loans.....	,	,		,	
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	,	,		,	1,700.00
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) ▶	,	,		,	17,662.72

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	,	480.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	,	34.40
25. SUBTOTAL (add Line 23 and Line 24).....	,	515.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	,	34.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	,	480.84

6102174041400100

**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 1
	<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

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

Full Name (Last, First, Middle Initial) Allen, Cheryl L.			Date of Receipt M M D D Y Y Y Y 01 23 2017	
A. Mailing Address 119 Watkins Ave.			Amount of Each Receipt this Period 6.65	
City Wilmerding	State PA	Zip Code 15148		
FEC ID number of contributing federal political committee. C			Memo Item	
Name of Employer		Occupation	Memo Item	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Memo Item	

Full Name (Last, First, Middle Initial)			Date of Receipt M M D D Y Y Y Y	
B. Mailing Address			Amount of Each Receipt this Period	
City	State	Zip Code		
FEC ID number of contributing federal political committee. C			Memo Item	
Name of Employer		Occupation	Memo Item	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Memo Item	

Full Name (Last, First, Middle Initial)			Date of Receipt M M D D Y Y Y Y	
C. Mailing Address			Amount of Each Receipt this Period	
City	State	Zip Code		
FEC ID number of contributing federal political committee. C			Memo Item	
Name of Employer		Occupation	Memo Item	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Memo Item	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	6.65

NONREC-100-140-7100

**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. Janis C. Brooks

2017-01-14 PM 00:40:00

A. Segway
Mailing Address: 2310 S. Sepulveda Blvd.
City: Los Angeles State: CA Zip Code: 90004
Purpose of Disbursement: Phone Bill
Candidate Name: Dr. Janis C. Brooks Category/Type:
Office Sought: House Disbursement For: Primary General Other (specify)
State: PA District: 14
Full Name (Last, First, Middle Initial)

Date of Disbursement: 03 31 2017
FEC Identification Number: C00510917
Amount of Each Disbursement this Period: 27.75
Memo Item:

B. U.S. P.S.
Mailing Address: 110 Station St.
City: Wilmerding State: PA Zip Code: 15148
Purpose of Disbursement: Postage
Candidate Name: Dr. Janis C. Brooks Category/Type:
Office Sought: House Disbursement For: Primary General Other (specify)
State: PA District: 17
Full Name (Last, First, Middle Initial)

Date of Disbursement: 01 23 2017
FEC Identification Number: C00510917
Amount of Each Disbursement this Period: 6.65
Memo Item:

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:
FEC Identification Number: C
Amount of Each Disbursement this Period:
Memo Item:

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 34.40

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) Brook, Janis C.	Memo Item	Election: Primary General Other (specify) ▼
Mailing Address 814 Maple Ave.		
City North Versailles	State PA	ZIP Code 15137
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 8,897.87	Cumulative Payment To Date 1,700.00	Balance Outstanding at Close of This Period 17,685.83
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TERMS	Date Incurred Various	Date Due None	Interest Rate (If none, enter 0) None	Secured: Yes No
M M J J Y Y Y Y	M M D D	Y Y Y Y	% (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:

SUBTOTALS This Period This Page (optional).....▶	
TOTALS This Period (last page in this line only).....▶	17,685.83
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

NON-BO-H-41-0M-BO-H-000000

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 Ave.			
City North Versailles	State PA	Zip Code 15137	
Outstanding Balance Beginning This Period 17,658.08			
Amount Incurred This Period 27.75	Payment This Period	Outstanding Balance at Close of This Period 17,685.83	

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)	▶	17,685.83

2017-04-14 00:14:00

HOW TO USE THIS INFORMATION

U.S. POSTAGE
PAID
WILMINGTON, PA
15118
APR 13 17
AMOUNT
\$23.75
R2305M145405-15

EXPRESS
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20463



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CUSTOMER USE ONLY
FROM: (PLEASE PRINT)
Friends of Dr. Jarvis C. Brooks
P.O. Box 414
North 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 mailbox 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)
- Return to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)
Federal Election Commission
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.

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FEC MAIL CENTER
2017 APR 14 AM 11:40

ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code 15118	Scheduled Delivery Date (MM/DD/YYYY) 4/11/17	Postage \$ 23.75	
Date Accepted (MM/DD/YYYY) 4/11/17	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> PARCEL	Insurance Fee \$	COD Fee \$
Time Accepted 4:14:17 PM	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Weight lbs. 0.21	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 23.75	
DELIVERY (POSTAL SERVICE USE ONLY)		Employee Signature	
Delivery Attempt (MM/DD/YYYY) Time	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YYYY) Time	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	

LABEL 11-B, JANUARY 2014 PSN 7690-02-000-9996 3-ADDRESSEE COPY

INTERNATIONALLY,
CUSTOMS DECLARATION
MAY BE REQUIRED.



Y 2013 OD: 12.5 x 9.5




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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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 4/13/17
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (3/2015)

4/19/17
 DATE PREPARED

2017-04-14 00:14:00