

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

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Office Use Only MAIL CENTER

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

2. FEC IDENTIFICATION NUMBER

C 00510917

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW

(N) OR

AMENDED (A)

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

10 01 2013

through

12 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 Cheryl L Allen

Signature of Treasurer Cheryl L Allen

Date 01 10 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.

Office Use Only

FEC FORM 3 (Revised 02/2003)

14031160373

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

FRIENDS OF DR JANIS C BROOKS

Report Covering the Period:

From:

10 01 2013

To:

12 31 2013

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)) ....

10000

250.00

(b) Total Contribution Refunds  
(from Line 20(d)) .....

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

250.00

7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17) .....

31.97

239.62

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

31.97

239.62

8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....

290.45

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) .....

3,436.12

For further information contact:

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

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

14031160374

**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:

10 01 2013

To:

12 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).....

100.00

250.00

(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))..

100.00

250.00

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

13. LOANS:

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

31.97

186.12

(b) All Other Loans.....

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

31.97

186.12

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)..... ▶

131.97

436.12

14031160375

**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.....	31.97	239.62
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) ►	31.97	239.62

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	190.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	131.97
25. SUBTOTAL (add Line 23 and Line 24).....	322.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	31.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	290.45

14031160376

**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 / OF /	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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) <b>A. Louis D Burnett</b>		Date of Receipt <b>10 16 2013</b>
Mailing Address <b>1908 Hyer Ave. Apt. 9D</b>		Amount of Each Receipt this Period <b>100.00</b>
City <b>North Versailles</b>	State Zip Code <b>PA 15137</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	

14031160377

**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**

Full Name (Last, First, Middle Initial)

**A.** North Versailles Post Office  
Mailing Address

City North Versailles State PA Zip Code 15137

Purpose of Disbursement  
Mailing of Form 3 and attachments

Candidate Name  
Dr. Janis C Brooks

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: PA District: 17

Date of Disbursement  
10 10 2013

Amount of Each Disbursement this Period  
4.22

Supported by line 17  
paid by cash

**B.** Segway  
Mailing Address

City Los Angeles State CA Zip Code 90064

Purpose of Disbursement  
Payment of Nov. Dec. Jan Phone Bill

Candidate Name  
Dr. Janis C Brooks

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: PA District: 17

Date of Disbursement  
12 13 2013

Amount of Each Disbursement this Period  
27.75

Supported by line 17  
paid by debit card

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	
<b>TOTAL</b> This Period (last page this line number only).....	31.97

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**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. JANIS C BROOKS

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

BROOKS, Janis C

Election:

Primary  
 General  
 Other (specify) ▼

Mailing Address

811 Maple Avenue

City

State

ZIP Code

North Versailles PA 15137

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

31.97

186.12

TERMS

Date Incurred

Date Due NONE

Interest Rate

NONE

Secured:

10 10 2013

% (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)..... ▶

186.12

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

14031160379

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE / OF /
	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 <b>Brooks, Janis C</b>		Nature of Debt (Purpose): <b>To pay postage and nov. Dec and Jan phone bill.</b>
Mailing Address <b>814 Maple Avenue</b>		
City <b>North Versailles, PA</b>	State <b>PA</b>	
Outstanding Balance Beginning This Period <b>3,404.15</b>		
Amount Incurred This Period <b>31.92</b>	Payment This Period	Outstanding Balance at Close of This Period <b>3,436.07</b>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	
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	
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

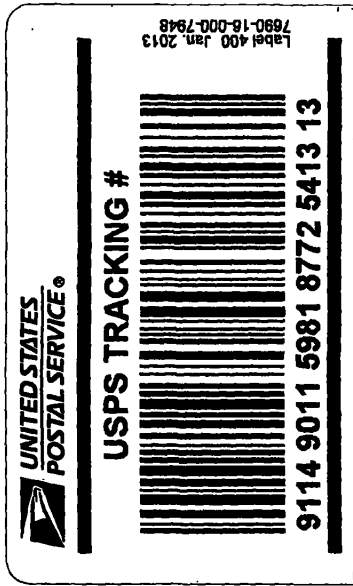
1) SUBTOTALS This Period This Page (optional) .....	▶			
2) TOTALS This Period (last page this line number only) .....	▶			
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶			
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	▶			

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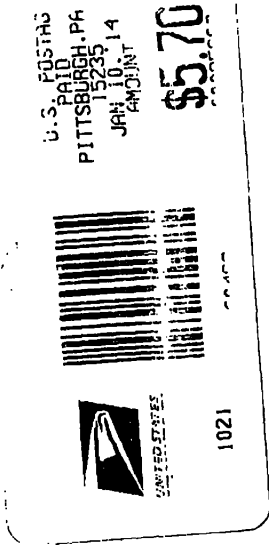


Friends of Dr. Swis C. Brooks  
P.O. Box 414  
Worth Versailles, PA 15137

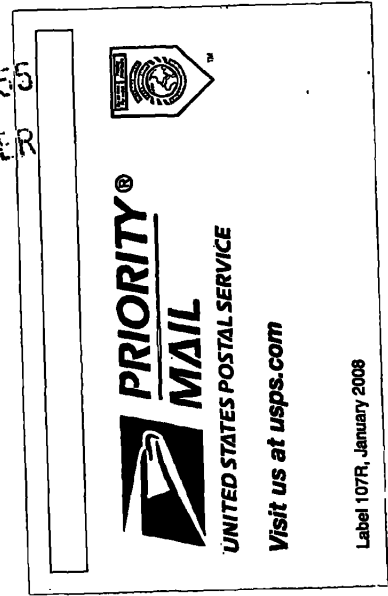
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Washington, DC 20463



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<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

*ADD*  
 PREPARER 1/22/14  
 DATE PREPARED

14031160382