2016:01:20:0M:00042MX

FEC FORM 3

REPORT OF RECEIPTS

For An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 JAN 28 PM 12: 07

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		cample: If ver the lin	typing, type es.	12FE4M5	and the second s
FIRITIE IN SIST TOIFT	EINIAITI ISIOI	LISI ICI	BIRIO	OKS	<u></u>	
	<u> </u>		1 1 1	· · · · · · · · · · · · · · · · · · ·		
ADDRESS (number and street)	P. 101 13101				<u> </u>	
Check if different	C1/101 8111	HI IMIAIP	LIE	14 V E N O E		<u> </u>
than previously reported. (ACC)	MORITH	VIEIRISIA	171414	FISI	PA LIS	11312 - [1131919]
2. FEC IDENTIFICATION NU	JMBER V	CITY A			STATE A	ZIP CODE A
C 0 0 5 1 0 9		IS THIS	X	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Cha (a) Quarterly Reports: April 15 Quarterly F	(b)	12-Day PRE	E-Election Primary	Report for the:	General (12G)	Runoff (12R)
July 15 Quarterly R			Conven	tion (12C)	Special (12S)	
October 15 Quarter	ly Report (Q3)	Election on	м .	M / D D /	V Y Y Y	in the State of
January 31 Year-En	d Report (YE) (c)	30-Day POS	T-Election	n Report for the:		
		. 4	General	(30G)	Runoff (30R)	Special (30S)
Termination Report	(TER)	Election on	м	M / D /	Y Y Y Y	in the State of
5. Covering Period [o ' O i ' à	oi š	thro	ugh ÏÃ	' 3 l' à c	Ď Ĭ Š
I certify that I have examined thin Type or Print Name of Treasurer	s Report and to the		nowledge		ue, correct and comp	o/ete.
Signature of Treasurer	Chery J	all all	èn.		ate Ol.	22 2016
NOTE: Submission of false, errone	ous, or incomplete info	ormation may	subject the	e person signing t	nls Report to the pen	alties of 52 U.S.C. §30109.
Office Use Only						EC FORM 3 levised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Page 2

FEC Form 3 (Revised 02/2003) Write or Type Committee Name ANIS C BROOKS 01 2015 From: Report Covering the Period: COLUMN B **COLUMN A** Election Cycle-to-Date This Period Net Contributions (other than loans) (a) Total Contributions , 80.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds (from Line 20(d)) (c) Net Contributions (other than loans) , , 3 4 0.00 (subtract Line 6(b) from Line 6(a)) **Net Operating Expenditures** (a) Total Operating Expenditures 6,609.80 , 14750 (from Line 17) (b) Total Offsets to Operating Expenditures (from Line 14)..... (c) Net Operating Expenditures , ७,७०१.४० (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of Reporting Period (from Line 27)..... 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 , 10,045.92

For further information contact:

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

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

Schedule C and/or Schedule D)

					_ /_
٠.					
				MARY	
-		II Er		MART	PAGE
	- 14		, SUIT	1411-71	

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

M N	JANIS C BROOKS	1 a 3 1 2015
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	80.00	, 3,4 v.o
(i) Itemized (use Schedule A)		
(iii) TOTAL of contributions from individuals	, , , , , , , , , , , , , , , , , ,	000 PE
(b) Political Party Committees(c) Other Political Committees (such as PACs)		
(d) The Candidate(e) TOTAL CONTRIBUTIONS		and the second s
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	30.00	340.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS: (a) Made or Guaranteed by the Candidate	, , , , , 1 н 7.50) ૧૧૦ ન ન
(b) All Other Loans(c) TOTAL LOANS (add Lines 13(a) and (b))	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 6,6098
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		g parago de mario de la proposición de La proposición de la
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)	22750	6,949.8

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A	COLUMN B Election Cycle-to-Date
II. DISDONSEMENTO	Total This Period	Electron Oyor-to-Date
mana A Maragan ing palabahan manasa sa Maragan	i 1970. Oli Linguage and Siriya serian i salah kelanti di kelaja kenangan 1984. Pengan	and the second s
OPERATING EXPENDITURES	, , , , , , , , , , , , , , , ,	, 6609.80
	and the first of the second of	and the second of the second s
TRANSFERS TO OTHER AUTHORIZED COMMITTEES		The state of the s
AUTHORIZED COMMITTEES		
LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed		
by the Candidate	 The state of the s	
(b) Of All Other Loans		And the second of the second o
(c) TOTAL LOAN REPAYMENTS		
(add Lines 19(a) and (b))	·····································	
. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other		
Than Political Committees	 The state of the s	and the state of t
(b) Political Party Committees		the state of the s
(c) Other Political Committees		
(such as PACs)	eer oo baar dhad o baarda kaa doo dhoo kee ah dhad aha sanka baa dhad	
(d) TOTAL CONTRIBUTION REFUNDS	The first and an extreme is the first of the section of the sectio	and Alexandria (a referencia de la composició de la composició de la composició de la composició de la composi La composició de la compo
(add Lines 20(a), (b), and (c))	······································	The state of the s
	and the second s	के के कि के अनुसार क्षेत्रक के स्वाप्त के स
. OTHER DISBURSEMENTS		The Control of the Co
		en de la final de la companya de la La companya de la co
TOTAL DISBURSEMENTS	, , , , , , , , , , , , , , , ,	, 6.609.8
(add Lines 17, 18, 19(c), 20(d), and 21)		
III. CASH	SUMMARY	
		a a la companya da l Companya da la companya da la compa
3. CASH ON HAND AT BEGINNING OF RE	EPORTING PERIOD	, , , , , , , , , , , , , , , , , , ,
	generalization of Arthur grands and it	The second of the second se
4 TOTAL RECEIPTS THIS PERIOD (from L	ine 16. page 3)	147.5
4 TOTAL RECEIPTO THE FERROS (NOTE	rritor de servico. Agrico de la companya	en de la companya de La companya de la co
		, , 697.9
5. SUBTOTAL (add Line 23 and Line 24)		
		. 147.5
6. TOTAL DISBURSEMENTS THIS PERIOD) (from Line 22)	The state of the s
		The state of the s
T CASH ON HAND AT CLOSE OF REPOR	RTING PEHIOD	$\mathcal{F} \subset \mathcal{A} \cup \mathcal{A}$

ζ,
Õ
ĩ
ㅊ
6
~
O
Ų
1
_
3
4
8
~
^
Ų
ろ
-
À
Ö
ሰ
ă.
Ų
4
γ.
5
Ž
8
วั
۷.

SCHEDULI	EΑ	(FEC	Form	3)
ITEMIZED	REC	EIPTS	3	

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

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) for each category of the X 11a 11c **Detailed Summary Page** 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) JANIS C. BAOOKS アスエピンひら OF Full Name (Last, First, Middle Initial) Bridg Date of Receipt Mailing Address State Zip Code FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 50.00 Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Addres 207 City Zip Code PB 15642 FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 30.00 Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zlp Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) SUBTOTAL of Receipts This Page (optional).....

20	
016	
$_{1}^{0}$	
28	
ō 3	
0000	
<u>1</u> √3⊗3	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE / OF / (check only one) 17
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) FRIENDS OF DR JAM	ddress of any political commit	tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Scy Liay Malling Address 2310 S. Sepulvede Bl. City State C.A. C.	Zip Code	Date of Disbursement
Purpose of Disbursemedt Phone bill payment Candidate Name Dr. Jours C. Brooks Office Sought: X House Disbursement For: Senate Primary President Other (sp.	General scify)	Supported by line Paid by Debit Card
State: PA District: 14 Full Name (Last, First, Middle Initial) Reques Curtis Mailing Address 701 Richford State	Zip Code	Date of Disbursement
Purpose of Disbursement Thorapher Candidate Name Dr. Janis C. Brooks Office Sought: X House Disbursement For: Senate President Other (sp	Category/ Type General	Amount of Each Disbursement this Period 50:00 Supported by line 17 Paid by Check
State: PA District: 14 Full Name (Last, First, Middle Initial) North Verse: 11/25 Post Mailing Address	Office	Date of Disbursement
Purpose of Disbursement	Code 5137	Amount of Each Disbursement this Period
Candidate Name Candidate Name Candi	Category/ Type General	Supported by line 17 Paid by Debit Cord

ര
ñ
Ÿ
1
Ē
6
-
0
Q
1
#1 ² 3
_
)
7
8
_
U
Ų
2
^
U
Ä
X
U
Ã
∯
2
9
۵
Ŷ
¥
4
٠

CHEDULE C (FEC FO	orm 3)		Use separate sched for each category of Detailed Summary	of the	FOR LINE Ni (check only o	UMBER:	OF]
AME OF COMMITTEE (In Full)							 -
FRIENDS C	DE DR.	TANIS	C. BROOKS	S			
LOAN SOURCE Full Name	(Last, First, Middle	Initial)			ection:		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3	-				Primary		
Brooks, Mailing Address	<u>12115</u>	<u>C.</u>			General	. · 	
SIY Maple	Aven	UL		L	Other (specify	, 	
City	Str	ate ZIP	Code				
North Ver							
Original Amount of Loan	C	cumulative Paymen	t To Date E	Balance	Outstanding at	Close of 1	This Pe
, , , , , ,	47.50	y	•		<i>وما</i> ,	,609	.80
TERMS		 					
	Vacious		Due Nowe Interest F	tate ^	70132	Secure	
	T T N				% (apr)		X
List All Endorsers or Guara	ntors (if any) to 1	oan Source				Yes	3
1. Full Name (Last, First, Mi			Name of Employer				
, , , , , , , , , , , , , , , , , , , ,	,						
Mailing Address			Occupation				
			Amount		 	· · · · · · · · · · · · · · · · · · ·	
City	State 2	ZIP Code	Guaranteed				
			Outstanding:	,	3 · · · 3 · ·	• .	
2. Full Name (Last, First, Mic	ldle Initial)		Name of Employer				
Mailing Address			Occupation		· · · · · · · · · · · · · · · · · · ·		
Walling Address			Cocapación				
	· · · · · · · · · · · · · · · · · · ·		Amount				
City	State 2	ZIP Code	Guaranteed Outstanding:	5	,		
3. Full Name (Last, First, Mic	Idle Initial)		Name of Employer				
o. Full Harro (Labe, Frior, Prior	idio ilitiaj		realite of Employer				
Mailing Address			Occupation				
			Amount				
City	State Z	ZIP Code	Guaranteed				
			Outstanding:		etra e 🏗 🕏 e e	•	
4. Full Name (Last, First, Mid	dle Initial)		Name of Employer				
Mailing Address			Occupation				
				·			<u></u>
	· · · · · · · · · · · · · · · · · · ·		Amount				
City	State 2	ZIP Code	Guaranteed Outstanding:	,		. • •	
				<u></u>			
JBTOTALS This Period This P	age (optional)				. 1		
TALS This Daried (less ser-	in this line c-h4						
OTALS This Period (last page	n uns ine only)	••••••	•••••••••••••••••••••••••••••••••••••••				. •

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

SCHEDULE D (FEC Form 3)	(Use se	eparate	PAGE \ OF \
DEBTS AND OBLIGATIONS Excluding Loans	for e	dule(s) each red line)	FOR LINE NUMBER: (check only one) 9
NAME OF COMMITTEE (In Full)			<u> </u>
FRIENDS OF DR JANIS	0	22 ~	inks:
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	No.	ature of De	ebt (Purpose):
	ļ	_	
Brooks Janis C. Mailing Address		Cam	pa:as Expens
SIY Maple Avenue City State Zip Code			
City State Zip Code			
North Versailles, PA 15137	_,,_,_,_,,		
Outstanding Balance Beginning This Period			
, 9,89842			•
Amount Incurred This Period Payment This Period	•	Outstandin	g Balance at Close of This Peri
, ,147.50 , ,	•		, 10,045.92
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Ne	ature of De	ebt (Purpose):
Mailing Address			
City State Zip Code			
City State 2p code			
Outstanding Balance Beginning This Period	3000		
			•
Amount Incurred This Period Payment This Period		Outstandin	g Balance at Close of This Perk
			•
	• .		3
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Ne	ature of De	bt (Purpose):
Mailing Address			
City State Zip Code			
City State Zip Code			
Outstanding Balance Beginning This Period	· · · · · · · · · · · · · · · · · · ·		
		٠	•
Amount Incurred This Period Payment This Period	,	Outetondin	g Balance at Close of This Perio
Pariodic modified mis render	. `	· ·	y balance at close of this rent
3. m. 1. m.	• •	• .*	3
	···		
1) SUBTOTALS This Period This Page (optional)			j
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)

* MAIL * EXPRESS™

UNITED STATES
POSTAL SERVICE ®

PRIORITY

EK403059876US

30598760

0 0 0

☐ Military

PRIGIN (POSTAL SERVICE USE ONLY)

Scheduled Delivery Date (MM/DD/YY)

O Soay

٥ PO ZIP Code 2

71

Insurance Fee

Scheduled Delivery Time 0 1-5 4-

Date Accepted (MM/DD/YY)

1-27-16

Time Accepted

\$514x

10-16-01-28-0M-00042K66

RESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

U.S. POSTAGE PAID WILMERDING,PA 15148 JAN 22, 16 AMOUNT

\$22.95

1007

00145405-11

6

a

STEST SERVICE IN THE U.S.



C, 1300016 SIGNAMA ALE で、こうのからつ、人 十つのかつかいよ

YMENT BY ACCOUNT (if applicable)

COPIES LEGIBLE.

No Saturday Delivery (delivered next business day

Sunday/Holiday Delivery Required (additional fee, where available") 10:30 AM Delivery Required (additional fee, where available*)

WRITE FIRMLY TO MAKE ALL

SED INTERNATIONALLY, STOMS DECLARATION L MAY BE REQUIRED.

Jan 37 25 550) CARCEL SICETION ンプニュナ Ü ů.

Washington + 4 (U.S. ADDRESSES ONLY)

For pickup or USPS Tracking", visit USPS.com or call 800-222-1811. Ĺ. Fi

\$100.00 Insurance Included.

lly 2013 OD: 12.5 x 9.5

€

UNITED STATES

Live Animal Transportation Fee COD Fee

Return Receipt Fee

10:30 AM Delivery Fee

☐ Flat Rate

RECEIVED FEC MAIL CENTER

25 Employee Signatur Acceptance Employee Initials

DELIVERY (POSTAL SERVICE USE ONLY).

Delivery Attempt (MIM/DD/YY)

lbs. 👍 ozs.

₩ ₩

□ □

Delivery Attempt (MM/DD/YY)

LABEL 11-B, JANUARY 201

•

3-ADDRESSEE COPY



VISIT US AT USPS.COM®

OUD 10000

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked 1127116
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	s 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):	eceipt or Postmarked
PREPARER O	DATE PREPARED
(3/2015)	