

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
FEC MAIL CENTER
2017 OCT 20 AM 11:58

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
 210 814 MAPLE AVENUE
 NORTH VERSAILLES PA 15137-2808
 Check if different than previously reported. (ACC) CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00510917
 3. IS THIS REPORT X NEW (N) OR AMENDED (A) STATE ▼ DISTRICT PA 11

4. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 X 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 M M / D D / Y Y Y Y in the State of
 (c) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
 Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 07 01 2017 through 09 30 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 10 15 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.

2017 OCT 20 AM 11:58

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Page 2

Write or Type Committee Name

Friends of Dr. Jarvis C. Brooks

Report Covering the Period: From:

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
07 / 01 / 2017

To:

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
09 / 30 / 2017

	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)).....	, 23.75	, 1,347.69
(b) Total Contribution Refunds (from Line 20(d))	, .	, .
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	, 23.75	, 1,347.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	, 201.75	, 16,215.95
(b) Total Offsets to Operating Expenditures (from Line 14)	, .	, .
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	, 201.75	, 16,215.95
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)	, 17,891.58	

For further information contact:

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

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

2017-10-20 10:00 AM

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Page 3

Write or Type Committee Name

Friends of Dr. James C. Brooks

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 07 / 01 / 2017 To: ^{M M / D D / Y Y Y Y} 09 / 30 / 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).....	,	,	23.75	,	,	1,347.69
(ii) Unitemized	,	,	.	,	,	.
(iii) TOTAL of contributions from individuals	,	,	23.75	,	,	1,347.69

(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))..

	,	,	23.75	,	,	1,347.69
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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)).....

	,	,	178.00	,	,	17,891.58
	,	,	.	,	,	.
	,	,	178.00	,	,	17,891.58

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).....

	,	,	201.75	,	,	19,239.27
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2017-10-20 10:00 AM

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.....	, 201.75	, 16,215.97
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) ►	, 201.75	, 17,915.97

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	, 480.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	, 201.75
25. SUBTOTAL (add Line 23 and Line 24).....	, 682.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	, 201.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	, 480.84

2025 RELEASE UNDER E.O. 14176

**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	<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
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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. Jarvis C. Brooks

Full Name (Last, First, Middle Initial)

A. *Allen, Cheryl L.*

Mailing Address

119 Watkins Ave.

City

Wilmerding

State

PA

Zip Code

15148

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

07 / 14 / 2017

Amount of Each Receipt this Period

23.75

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

Amount of Each Receipt this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. 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

Amount of Each Receipt this Period

Memo Item

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

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

23.75

2017-10-10 10:10:10

**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
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c

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. Jarvis C. Brooks

A. *T-Mobile*

Full Name (Last, First, Middle Initial)

Mailing Address
P.O. Box 742596

City *Cincinnati* State *OH* Zip Code *45274-2596*

Purpose of Disbursement
Phone Bill

Candidate Name
Dr. Jarvis C. Brooks

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *PA* District: *14*

Date of Disbursement
M M / D D / Y Y Y Y
08 31 2017

FEC Identification Number
C00510917

Amount of Each Disbursement this Period
178.00

Memo Item

B. *U.S.P.S.*

Full Name (Last, First, Middle Initial)

Mailing Address
353 Lincoln Hwy

City *N. Versailles* State *PA* Zip Code *15137*

Purpose of Disbursement
Postage

Candidate Name
Dr. Jarvis C. Brooks

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *PA* District: *14*

Date of Disbursement
M M / D D / Y Y Y Y
07 14 2017

FEC Identification Number
C00510917

Amount of Each Disbursement this Period
23.75

Memo Item

C.

Full Name (Last, First, Middle Initial)

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
M M / D D / Y Y Y Y

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)

201.75

NON-FEDERAL CAMPAIGN

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election:
Brooks, Jarvis C.
Mailing Address
814 Maple Ave.
Election: Primary General Other (specify) ▼

City *N. Versailles* State *PA* ZIP Code *15137* 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 *1,7,7,13.58*

TERMS Date Incurred *Various* Date Due *None* Interest Rate *None* Secured:
(If none, enter 0) Yes No
M-M / D-D / 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)
TOTALS This Period (last page in this line only) *1,7,7,13.58*

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

2017-10-20 10:00:40 AM

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Brooks Lewis C.</i>	Nature of Debt (Purpose): <i>Pymt. of Phone Bill</i>
Mailing Address <i>814 Maple Ave.</i>	
City <i>N. Versailles</i>	State <i>PA</i>
	Zip Code <i>15137</i>

Outstanding Balance Beginning This Period <i>1,771.358</i>	Amount Incurred This Period <i>178.00</i>	Payment This Period	Outstanding Balance at Close of This Period <i>1,789.158</i>
---	--	---------------------	---

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)	<i>1,789.158</i>

2017 RELEASE UNDER E.O. 14176

000000-1001 NO. 1 ON 1011 1011

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL



1007

U.S. POSTAGE PAID NORTH VERSAILLES, PA 15137 OCT 19 17 AMOUNT \$23.75 R2305M148664-94

PRIORITY MAIL EXPRESS



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AND INTERNATIONAL UNITED STATES POSTAL SERVICE PRIORITY MAIL EXPRESS

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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.

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UNITED STATES

Federal Election Commission
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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"/>
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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 PREPARER

10/20/17
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