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FEC  
FORM 3

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For An Authorized Committee

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 4114

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 114

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X 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)

M M / D D / Y Y Y Y

Election on

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

M M / D D / Y Y Y Y

Election on

in the State of

5. Covering Period

04 / 01 / 2017

through

06 / 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

07 / 17 / 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)

NOTIFICATION ON BOTTOM

**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: <sup>M M / D D / Y Y Y Y</sup> 04 / 01 / 2017

To: <sup>M M / D D / Y Y Y Y</sup> 06 / 30 / 2017

NON-FEDERAL CAMPAIGN CONTRIBUTION

	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	, , 1,323.94
(b) Total Contribution Refunds (from Line 20(d)).....	, , .	, , .
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	, , 23.75	, , 1,323.94
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	, , 51.50	, , 16,014.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	, , .	, , .
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	, , 51.50	, , 16,014.20
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).....	, , 17,713.58	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Page 3

Write or Type Committee Name

Friends of Dr. Lewis C. Brooks

Report Covering the Period: From:

04 01 2017

To:

06 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

1,323.94

(ii) Unitemized.....

(iii) TOTAL of contributions  
from individuals ▶.....

23.75

1,323.94

(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

1,323.94

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

13. LOANS:

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

27.75

17,713.58

(b) All Other Loans.....

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

27.75

17,713.58

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)..... ▶

51.50

19,037.52

2017-07-17 10:00:00 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.....	51.50	16,014.22
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►		17,714.22

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	480.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	51.50
25. SUBTOTAL (add Line 23 and Line 24).....	532.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	51.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	480.84

2017-07-17 00:00:00-14

**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 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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. Jervis C. Brooks**

Full Name (Last, First, Middle Initial) <b>A. Allen, Cheryl L.</b>			Date of Receipt M M / D D / Y Y Y Y <b>04 / 14 / 2017</b>	
Mailing Address <b>119 Watkins Ave.</b>			Amount of Each Receipt this Period  <b>, , 23.75</b>	
City <b>Wilmerding</b>	State <b>PA</b>	Zip Code <b>15148</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Name of Employer		Occupation		

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	, , .
<b>TOTAL</b> This Period (last page this line number only).....▶	, , <b>23.75</b>

2017-04-14 10:00:00 AM

**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 1 OF 1			
	<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) <b>A. Seguey</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 31 2017</b>		
Mailing Address <b>2310 S. Sepulveda Blvd.</b>			FEC Identification Number <b>C00510917</b>		
City <b>Los Angeles</b>	State <b>CA</b>	Zip Code <b>90064</b>			
Purpose of Disbursement <b>Phone Bill</b>			Amount of Each Disbursement this Period <b>27.75</b>		
Candidate Name <b>Dr. Janis C. Brooks</b>			Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item		
State: <b>PA</b> District: <b>14</b>					

Full Name (Last, First, Middle Initial) <b>B. U.S.P.S.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 13 2017</b>		
Mailing Address <b>410 Station St.</b>			FEC Identification Number <b>C00510917</b>		
City <b>Wilmerding</b>	State <b>PA</b>	Zip Code <b>15148</b>			
Purpose of Disbursement <b>Postage</b>			Amount of Each Disbursement this Period <b>23.75</b>		
Candidate Name <b>Dr. Janis C. Brooks</b>			Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item		
State: <b>PA</b> District: <b>14</b>					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number <b>C</b>		
City	State	Zip Code			
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name			Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>51.50</b>

2017-04-17 10:00:00

**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) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

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

LOAN SOURCE Full Name (Last, First, Middle Initial)  Memo Item Election:  
**Brooks, Lewis C.**  Primary

Mailing Address  General  
**814 Maple Avenue**  Other (specify) ▼

City State ZIP Code  Personal Funds of the Candidate  
**North Versailles PA 15137**

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
, 8,897.87	, 1,700.00	, 17,713.58

TERMS Date Incurred **Various** Date Due **NONE** Interest Rate **NONE** Secured:  
M M / D D / Y Y Y Y M M / D D / Y Y Y Y (If none, enter 0) % (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).....▶ **17,713.58**

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

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**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1 OF 1
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Brooks, Lewis C.</b>		Nature of Debt (Purpose): <b>Payments of phone bill</b>	
Mailing Address <b>814 Maple Avenue</b>			
City <b>North Versailles</b>	State <b>PA</b>	Zip Code <b>15137</b>	
Outstanding Balance Beginning This Period <b>, 17,685.83</b>		Amount Incurred This Period <b>, , 27.75</b>	Payment This Period <b>, , .</b>
		Outstanding Balance at Close of This Period <b>, 17,713.58</b>	

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) .....	▶	<b>, 17,713.58</b>

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Friends of Dr. Janis C. Brooks  
P.O. Box 414  
North Versailles, PA 15137

PHONE ( )

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Federal Elections Commission  
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Washington DC

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15137	7/15/17	\$ 23.75	\$	\$	\$
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Insured Value	Return Receipt Fee	Live Animal Transportation Fee	
7/14/17	10:30 AM	\$	\$	\$	
Time Accepted	10:30 AM Delivery Fee	Total Postage & Fees			
12:00 PM	\$	\$ 23.75			
Special Handling/Fragile	Sunday/Holiday Premium Fee				
	\$				
Weight	Flat Rate	Acceptance Employee Initials			
lbs. ozs.	025	5/11			
DELIVERY (POSTAL SERVICE USE ONLY)		Employee Signature			
Delivery Attempt (MM/DD/YYYY)	Time	<input type="checkbox"/> AM	<input type="checkbox"/> PM		
Delivery Attempt (MM/DD/YYYY)	Time	<input type="checkbox"/> AM	<input type="checkbox"/> PM		

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 PREPARER	7/17/17 DATE PREPARED

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