

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
FEC MAIL CENTER
2016 AUG -1 AM 11:41
Office Use Only

1. NAME OF COMMITTEE (In full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

FRIENDS OF DR. JAMIS C. BROOKS

ADDRESS (number and street)

P.O. BOX 414

C/O BILLY 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:

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)

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

04 01 2016

through

06 30 2016

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 29 2016

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 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Dr. James C. Brooks

Report Covering the Period: From:

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
04 / 01 / 2010

To:

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
06 / 30 / 2011

NON-PROFIT CORPORATION

	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))	, 489.70	, 18,808.22
(b) Total Contribution Refunds (from Line 20(d))	, .	, .
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	, 489.70	, 18,808.22
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	, 1,669.70	, 17,285.92
(b) Total Offsets to Operating Expenditures (from Line 14)	, .	, .
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	, .	, .
8. Cash on Hand at Close of Reporting Period (from Line 27)	, .	, .
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)	, 15,605.41	

For further information contact:

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

Toll Free 800-424-9530
Local 202-694-3100

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.....	, 169.70	, 15,784.92
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	, , .	, , .
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	, 1,500.00	, 1,500.00
(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) ►	, 1,669.70	, 17,285.92

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	, 1,860.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	, 489.70
25. SUBTOTAL (add Line 23 and Line 24).....	, 2,350.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	, 1,669.70
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	, 680.84

**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 2
	<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. Janis C. Brooks

Full Name (Last, First, Middle Initial) A. Woodring, Hope		Date of Receipt MM/DD/YYYY 06/02/2016
Mailing Address 104 Neff Rd.		Amount of Each Receipt this Period , 30.00
City Howard, PA	State Zip Code 16841	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 30.00
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. Bridgeman, Constance		Date of Receipt MM/DD/YYYY 04/18/2016
Mailing Address 2071 Guisivera Dr.		Amount of Each Receipt this Period , 40.00
City N. Huntingdon, PA	State Zip Code 15642	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 40.00
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) C. Bivins Jr., George		Date of Receipt MM/DD/YYYY 04/15/2016
Mailing Address 140 S. Mountain Ave.		Amount of Each Receipt this Period , 200.00
City Mont Clair, NJ	State Zip Code 07042	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , 200.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	, 392.95
TOTAL This Period (last page this line number only).....	, 392.95

NONPROFIT CORPORATION

**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 2 OF 2
	<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. James C. Brooks

Full Name (Last, First, Middle Initial) <u>Bridgeman, Constance</u>		Date of Receipt M M / D D / Y Y Y Y <u>06 02 2016</u>
Mailing Address <u>2071 Guiniviera Dr.</u>		Amount of Each Receipt this Period <u>40.00</u>
City <u>N. Huntingdon, PA</u>	State Zip Code <u>15642</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
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) <u>Wilbur, John</u>		Date of Receipt M M / D D / Y Y Y Y <u>06 02 2016</u>
Mailing Address <u>8525 Frankstown Rd.</u>		Amount of Each Receipt this Period <u>40.00</u>
City <u>Pittsburgh, PA</u>	State Zip Code <u>15235</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
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) <u>Allen, Cheryl L.</u>		Date of Receipt M M / D D / Y Y Y Y <u>05 10 2016</u>
Mailing Address <u>119 Watkins Ave.</u>		Amount of Each Receipt this Period <u>22.95</u>
City <u>Wilmerding, PA</u>	State Zip Code <u>15178</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

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

NON-PROFIT CORPORATION

**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 2	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

A. Seqway
Mailing Address
2310 S. Sepulveda Blvd.
City Los Angeles State CA Zip Code 90064
Purpose of Disbursement
Phone Bill
Candidate Name
Dr. Janis C. Brooks Category/Type
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: PA District: 14
Full Name (Last, First, Middle Initial)

Date of Disbursement
M M D D Y Y Y Y
06 30 2016

Amount of Each Disbursement this Period
27.75
Supported by line 17
Paid by Debit Card

B. Ralph Watson
Mailing Address
1010 Rebecca Ave.
City Wilkesburg, PA State PA Zip Code 15221
Purpose of Disbursement
Speaking Engagement
Candidate Name
Dr. Janis C. Brooks Category/Type
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: PA District: 14
Full Name (Last, First, Middle Initial)

Date of Disbursement
M M D D Y Y Y Y
04 09 2016

Amount of Each Disbursement this Period
30.00
Supported by line 17
Paid by check

C. USPS
Mailing Address
410 Station St.
City Wilmerding, PA State PA Zip Code 15148
Purpose of Disbursement
Postage
Candidate Name
Dr. Janis C. Brooks Category/Type
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: PA District: 14
Full Name (Last, First, Middle Initial)

Date of Disbursement
M M D D Y Y Y Y
05 02 2016

Amount of Each Disbursement this Period
22.95
Supported by line 17
Paid by Debit Card

SUBTOTAL of Disbursements This Page (optional).....

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

NON-FUNCTIONAL DOCUMENT

**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 <u>2</u> OF <u>2</u>
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

A. <u>Brooks, Janis C.</u> Full Name (Last, First, Middle Initial)		Date of Disbursement <u>05 20 2016</u>
Mailing Address <u>817 Maple Ave.</u>		Amount of Each Disbursement this Period <u>20.00</u>
City <u>N. Versailles PA</u>	State <u>PA</u> Zip Code <u>15137</u>	
Purpose of Disbursement <u>Electoral Results</u>		Supported by line 17 paid by check
Candidate Name <u>Dr. Janis C. Brooks</u>		
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)	
State: <u>PA</u> District: <u>17</u>		

B. <u>USPS</u> Full Name (Last, First, Middle Initial)		Date of Disbursement <u>06 30 2016</u>
Mailing Address <u>P.O. Box</u>		Amount of Each Disbursement this Period <u>44.00</u>
City <u>N. Versailles PA</u>	State <u>PA</u> Zip Code <u>15137</u>	
Purpose of Disbursement <u>P.O. Box</u>		Supported by line 17 paid by check
Candidate Name <u>Dr. Janis C. Brooks</u>		
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)	
State: <u>PA</u> District: <u>17</u>		

C. <u>Watson, Ralph</u> Full Name (Last, First, Middle Initial)		Date of Disbursement <u>04 01 2016</u>
Mailing Address <u>1010 Rebecca Ave</u>		Amount of Each Disbursement this Period <u>25.00</u>
City <u>W. Kingsburg PA</u>	State <u>PA</u> Zip Code <u>15221</u>	
Purpose of Disbursement <u>Advertisement</u>		Supported by line 17 paid by check
Candidate Name <u>Dr. Janis C. Brooks</u>		
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)	
State: <u>PA</u> District: <u>17</u>		

SUBTOTAL of Disbursements This Page (optional).....	
TOTAL This Period (last page this line number only).....	<u>169.70</u>

NON-PROFIT ORGANIZATION

**SCHEDULE C (FEC Form 3)
LOANS**

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

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

City State ZIP Code
North Versailles PA 15137

Original Amount of Loan 8,897.87	Cumulative Payment To Date	Balance Outstanding at Close of This Period 15,507.67
--	----------------------------	---

TERMS Date Incurred **Various** Date Due **None** Interest Rate **None** Secured: 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)..... ▶
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

NON-PROFIT ORGANIZATION

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. Janis C. Brooks

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Brooks Janis C.	Nature of Debt (Purpose): Campaign Expenses
Mailing Address 814 Maple Avenue	
City State Zip Code North Versailles, PA 15137	

Outstanding Balance Beginning This Period \$ 18,943.79	Amount Incurred This Period \$ 116.05	Payment This Period \$ 1,500.00	Outstanding Balance at Close of This Period \$ 17,560.54
---	--	------------------------------------	---

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) ▶	\$	\$	\$

NON-PROFIT ORGANIZATION

PRESS FIRMLY TO SEAL

PRIORITY MAIL EXPRESS™

FASTEST SERVICE IN THE U.S.

PRESS FIRMLY TO SEAL



1007



20463

U.S. POSTAGE PAID
WILMINGTON, PA
16148
JUL 30 16
AMOUNT
\$22.95
R2305M144478-11



EK403059774US

EK403059774US

PRIORITY MAIL EXPRESS™



CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE () _____

Dr. Joseph C. Brooks
P.O. Box 414
W. Versailles, PA 15137

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.

TO: (PLEASE PRINT) PHONE () _____

Federal Elections Commission
999 E Street NW
Washington, DC

ZIP + 4® (U.S. ADDRESSES ONLY)
20463

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
\$100.00 Insurance Included.

ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input type="checkbox"/> +Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> AM	<input type="checkbox"/> PM
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Delivery Attempt (MM/DD/YY)	Time
15148	8-1-16		
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Delivery Attempt (MM/DD/YY)	Time
7-30-16	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON		
Time Accepted	10:30 AM Delivery Fee	Employee Initials	Employee Signature
1:47	\$	BF	
Weight	Flat Rate	Total Postage & Fees	
lbs. 4 ozs.	\$	\$ 22.95	
	Acceptance Employee Initials	Employee Signature	
	Employee Initials	Employee Signature	
	Employee Signature	Employee Signature	

LABEL 11-B, JANUARY 2014 PSN 7690-02-000-8986 3-ADDRESSEE COPY

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

USED INTERNATIONALLY,
CUSTOMS DECLARATION
FORMS WILL MAY BE REQUIRED.



July 2013 OD: 12.5 x 9.5



VISIT US AT USPS.COM

UNITED STATES

