

**FEC FORM 3**

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

RECEIVED

Office Use Only

2013 OCT 17 PM 12:13  
12FE4M5  
FEC MAIL CENTER

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

FRIENDS OF DR JAWIS C BROOKS

ADDRESS (number and street)

P.O. BOX 414

Check if different than previously reported. (ACC)

C/O 814 MAPLE AVENUE

NORTH VERSAILLES, PA 15137-1346

2. FEC IDENTIFICATION NUMBER ▼

C00510917

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

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

07 01 2013 through 09 30 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 10 08 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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**FEC FORM 3**  
(Revised 02/2003)

13031123637

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

FRIENDS OF DR. JANISE C. BROOKS

Report Covering the Period:

From:

07 01 2013

To:

09 30 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))....

150.00

(b) Total Contribution Refunds

(from Line 20(d)).....

(c) Net Contributions (other than loans)

(subtract Line 6(b) from Line 6(a)).....

150.00

7. Net Operating Expenditures

(a) Total Operating Expenditures

(from Line 17).....

72.45

207.65

(b) Total Offsets to Operating

Expenditures (from Line 14).....

(c) Net Operating Expenditures

(subtract Line 7(b) from Line 7(a)).....

72.45

207.65

8. Cash on Hand at Close of

Reporting Period (from Line 27).....

190.45

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).....

3,404.15

For further information contact:

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

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

13031123638

**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:

07 01 2013

To:

09 30 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) .....

150.00

(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)(iii), (b), (c), and (d))..

150.00

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

13. LOANS:

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

72.45

154.15

(b) All Other Loans.....

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

72.45

154.15

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)..... ▶

72.45

304.15

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**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.....	72.45	207.65
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) ►	72.45	207.65

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	190.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	72.45
25. SUBTOTAL (add Line 23 and Line 24).....	263.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	72.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	190.45

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**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	

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.** Full Name (Last, First, Middle Initial) North Versailles Post Office

Mailing Address North Versailles, PA 15137

City North Versailles State PA Zip Code 15137

Purpose of Disbursement Post Office Box Payment

Candidate Name Dr. Janis C. Brooks Category/Type

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)

State: PA District: 14

Date of Disbursement 09 06 2013

Amount of Each Disbursement this Period 39.00

Supporting Line 17  
Paid By Cash

**B.** Full Name (Last, First, Middle Initial) Wilmerding Post Office

Mailing Address Wilmerding, PA 15148

City Wilmerding State PA Zip Code 15148

Purpose of Disbursement Mailing of Form 3 and attachments

Candidate Name Dr. Janis C. Brooks Category/Type

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)

State: PA District: 14

Date of Disbursement 07 13 2013

Amount of Each Disbursement this Period 5.70

Supporting line 17  
Paid By Cash

**C.** Full Name (Last, First, Middle Initial) Segway

Mailing Address 2310 S. Sepulveda Blvd.

City Los Angeles State CA Zip Code 90064

Purpose of Disbursement Payment of Oct. 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

Date of Disbursement 06 30 2013

Amount of Each Disbursement this Period 27.75

Supporting line 17  
paid By Debit Card

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

**TOTAL** This Period (last page this line number only)..... 72.45

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

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE      OF     

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  
**814 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
72.45		153.52

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
09 06 2013	NONE	NONE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)..... ▶ **153.52**

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   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 Oct. 2013 phone bill.</b>
Mailing Address <b>814 Maple Avenue</b>		
City <b>North Versailles, PA</b>	State <b>PA</b>	Zip Code <b>15137</b>
Outstanding Balance Beginning This Period <b>3,331.70</b>		
Amount Incurred This Period <b>72.45</b>	Payment This Period	Outstanding Balance at Close of This Period <b>3,404.15</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) ▶				

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0  
Versailles, PA 15137

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)  
10/10/13

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Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business 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): Date of Receipt or Postmarked

*JMD*  
PREPARER  
(8/2013)

9/18/13  
DATE PREPARED

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