

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
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2016 NOV -7 PM 1:48

Office Use Only

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

FRIENDS OF DR. JAMES C. BROOKS

ADDRESS (number and street) P 101 BROOK 14114

Check if different than previously reported. (ACC)

C 110 18114 MAPLE AVENUE

NORTH VERMONT CITY STATE ZIP CODE ▲

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

00510917

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

X

STATE ▼ DISTRICT

P A 114

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 2016 through 09 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

10 15 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 05/2016)

2016-11-07 09:00:47 AM

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:

MM/DD/YYYY
07/01/2016

To:

MM/DD/YYYY
09/30/2016

	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))....	22.95	1,270.59
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	22.95	1,270.59
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	927.0	15,877.62
(b) Total Offsets to Operating Expenditures (from Line 14).....		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	927.0	15,877.62
8. Cash on Hand at Close of Reporting Period (from Line 27).....	680.84	
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)		

For further information contact:

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

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

20161107-00117844

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Page 3

Write or Type Committee Name

Friends of Dr. Jarvis C. Brooks

Report Covering the Period: From: 07 01 2016 To: 09 30 2016

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).....	22.95	1,270.59
(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))..

	22.95	1,270.59
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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)).....

	69.75	17,630.33
	69.75	17,630.33

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)..... ▶

	92.70	18,900.92
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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.....	92.70	15,877.62
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		1,500.00
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		1,500.00
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) ►	92.70	17,377.62

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	680.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	92.70
25. SUBTOTAL (add Line 23 and Line 24)	773.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	92.70
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	680.84

2016 11 01 01 00 14 846

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE / OF /
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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. Lewis C. Brooks

A. Full Name (Last, First, Middle Initial)
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
M M / D D / Y Y Y Y
07 / 30 / 2016

Amount of Each Receipt this Period
22.95

Memo Item

B. Full Name (Last, First, Middle Initial) _____

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
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial) _____

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
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 22.95

201611070011787

**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. <u>Seqwey</u>			Date of Disbursement M M / D D / Y Y Y Y <u>09 / 30 / 2016</u>	
Mailing Address <u>2310 S. Sepulveda Blvd.</u>			FEC Identification Number <u>C00510917</u>	
City <u>Los Angeles</u>	State <u>CA</u>	Zip Code <u>90064</u>		
Purpose of Disbursement <u>Phone Bill</u>			Memo Item	
Candidate Name <u>Dr. Janis C. Brooks</u>		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) ▼			
State: <u>PA</u> District: <u>14</u>	Full Name (Last, First, Middle Initial)			

B. <u>USPS</u>			Date of Disbursement M M / D D / Y Y Y Y <u>09 / 28 / 2016</u>	
Mailing Address <u>353 Lincoln Hwy</u>			FEC Identification Number <u>C00510917</u>	
City <u>North Versailles</u>	State <u>PA</u>	Zip Code <u>15137</u>		
Purpose of Disbursement <u>P.O. Box Renewal</u>			Memo Item	
Candidate Name <u>Dr. Janis C. Brooks</u>		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) ▼			
State: <u>PA</u> District: <u>14</u>	Full Name (Last, First, Middle Initial)			

C. <u>USPS</u>			Date of Disbursement M M / D D / Y Y Y Y <u>09 / 30 / 2016</u>	
Mailing Address <u>410 Station St.</u>			FEC Identification Number <u>C00510917</u>	
City <u>Wilmerding</u>	State <u>PA</u>	Zip Code <u>15148</u>		
Purpose of Disbursement <u>Postage</u>			Memo Item	
Candidate Name <u>Dr. Janis C. Brooks</u>		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) ▼			
State: <u>PA</u> District: <u>14</u>	Full Name (Last, First, Middle Initial)			

SUBTOTAL of Disbursements This Page (optional).....▶	, , .
TOTAL This Period (last page this line number only).....▶	, , <u>92.70</u>

2016110700117848

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

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

LOAN SOURCE Full Name (Last, First, Middle Initial) <i>Brooks, Jarvis C.</i>	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address <i>814 Maple Avenue</i>		
City <i>North Versailles</i>	State <i>PA</i>	ZIP Code <i>15137</i>
<input type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<i>8,897.87</i>		<i>15,507.67</i>

TERMS	Date Incurred <i>Various</i>	Date Due <i>NONE</i>	Interest Rate (If none, enter 0) <i>NONE</i>	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<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).....▶	

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

2016-11-07 09:48

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Brooks, Jarvis C.</i>		Nature of Debt (Purpose): <i>Campaign Expenses</i>
Mailing Address <i>814 Maple Avenue</i>		
City <i>North Versailles</i>	State <i>PA</i>	

Outstanding Balance Beginning This Period <i>1,756.54</i>	Amount Incurred This Period <i>69.75</i>	Payment This Period	Outstanding Balance at Close of This Period <i>1,630.29</i>
--	---	---------------------	--

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	

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	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
---	-----------------------------	---------------------	---

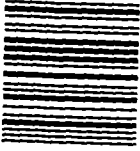
1) SUBTOTALS This Period This Page (optional)	▶	
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

2016-11-01 11:00 AM

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2016 NOV -7 PM

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FROM: (PLEASE PRINT)

PHONE ()

Friends of Dr. James C Brooks
P.O. Box 114
N 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)
- "Relief 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.

WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE.

ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Postage
15146	11-7-16	\$ 22.95
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Insurance Fee
11-5-16	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM	\$
Time Accepted	<input type="checkbox"/> 12:00 PM	Return Receipt Fee
1:39 PM	10:30 AM Delivery Fee	Live Animal Transportation Fee
Weight	Sunday/Holiday Premium Fee	Total Postage & Fees
2.6 lbs.	\$	\$ 22.95
Flat Rate	Acceptance Employee Initials	
<input type="checkbox"/> Flat Rate	Employee Signature	

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

LABEL 11-B, SEPTEMBER 2015 PSN 7690-02-000-9998

3-ADDRESSEE COPY

1A

1B

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ED.

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS First Class Mail	Postmarked	Date of Receipt
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
---	------------

<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 11/5/16
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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 PREPARER	11/7/16 DATE PREPARED
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20161107 09:00:14 AM