

**FEC  
FORM 3**

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

RECEIVED  
FEC MAIL CENTER

2018 JAN 31 PM 12:06  
Office Use Only

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

FRIENDS OF DR JAWIS C BROOKS

ADDRESS (number and street) P O BOX 414  
 Check if different than previously reported. (ACC) 610 814 MAPLE AVENUE  
 NORTH VERNON HILLS PA 15113-2108  
 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)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 X 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 10 01 2017 through 12 31 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 01 30 2018

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							
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NON-CONFIDENTIAL

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Friends of Dr. Janis C Brooks

Report Covering the Period:

From:

10 / 01 / 2017

To:

12 / 31 / 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	, , 1,371.44
(b) Total Contribution Refunds (from Line 20(d)) .....	, , .	, , .
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	, , 23.75	, , 1,371.44
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	, , 153.16	, , 16,369.11
(b) Total Offsets to Operating Expenditures (from Line 14).....	, , .	, , .
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	, , 153.16	, , 16,369.11
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).....	, , 18,020.99	

For further information contact:

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

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

20170101 10:00 AM

**DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 05/2016)

of Receipts

Page 3

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> 10 01 2017 To: <sup>M M / D D / Y Y Y Y</sup> 12 31 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	, 1,371.44
(ii) Unitemized .....	, .	, .
(iii) TOTAL of contributions from individuals ▶	, 23.75	, 1,371.44

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) The Candidate .....

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(ii), (b), (c), and (d))..

, 23.75	, 1,371.44
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12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

, .	, .
-----	-----

13. LOANS:

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

, 129.41	, 18,020.99
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(b) All Other Loans.....

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

, 129.41	, 18,020.99
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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)..... ▶

, 153.16	, 19,392.43
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NON-FEDERAL CAMPAIGN INFORMATION

**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.....	, 153.16	, 16,369.13
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) ►	, 153.16	, 18,069.13

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	, 480.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	, 153.16
25. SUBTOTAL (add Line 23 and Line 24).....	, 634.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	, 153.16
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	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. Jarvis C. Brooks*

Full Name (Last, First, Middle Initial) <i>Allen, Cheryl L.</i>			Date of Receipt M M / D D / Y Y Y Y <i>10 / 20 / 2017</i>		
A. Mailing Address <i>119 Watkins Avenue</i>			Amount of Each Receipt this Period  <i>, , 23.75</i>		
City <i>Wilmerding</i>	State <i>PA</i>	Zip Code <i>15148</i>			
FEC ID number of contributing federal political committee. <i>C</i>			Memo Item		
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)			Date of Receipt M M / D D / Y Y Y Y		
B. Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code			
FEC ID number of contributing federal political committee. <i>C</i>			Memo Item		
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)			Date of Receipt M M / D D / Y Y Y Y		
C. Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code			
FEC ID number of contributing federal political committee. <i>C</i>			Memo Item		
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).....▶	<i>, , 23.75</i>
TOTAL This Period (last page this line number only).....▶	<i>, , 23.75</i>

NON-PROFIT ORGANIZATION

**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)			
	<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. James C. Brooks*

Full Name (Last, First, Middle Initial) <i>T-Mobile</i>			Date of Disbursement M M / D D / Y Y Y Y <i>11 30 2017</i>	
Mailing Address <i>P.O. Box 742596</i>				
City <i>Cincinnati</i>	State <i>OH</i>	Zip Code <i>45274-2596</i>	FEC Identification Number <i>C00510917</i>	
Purpose of Disbursement <i>Phone Bill</i>			Amount of Each Disbursement this Period <i>58.00</i>	
Candidate Name <i>Dr. James C. Brooks</i>			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: <i>PA</i> District: <i>14</i>				

Full Name (Last, First, Middle Initial) <i>U.S. P.S.</i>			Date of Disbursement M M / D D / Y Y Y Y <i>10 20 2017</i>	
Mailing Address <i>353 Lincoln Hwy</i>				
City <i>N. Versailles</i>	State <i>PA</i>	Zip Code <i>15137</i>	FEC Identification Number <i>C00510917</i>	
Purpose of Disbursement <i>Postage</i>			Amount of Each Disbursement this Period <i>23.75</i>	
Candidate Name <i>Dr. James C. Brooks</i>			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: <i>PA</i> District: <i>14</i>				

Full Name (Last, First, Middle Initial) <i>Go Daddy</i>			Date of Disbursement M M / D D / Y Y Y Y <i>11 28 2017</i>	
Mailing Address				
City	State	Zip Code	FEC Identification Number <i>C00510917</i>	
Purpose of Disbursement <i>Web Site</i>			Amount of Each Disbursement this Period <i>71.41</i>	
Candidate Name <i>Dr. James C. Brooks</i>			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: <i>PA</i> District: <i>14</i>				

SUBTOTAL of Disbursements This Page (optional).....	
TOTAL This Period (last page this line number only).....	<i>153.16</i>

2018-01-11 01:00:00

**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.*  Primary

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

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

Original Amount of Loan <i>8,897.87</i>	Cumulative Payment To Date <i>1,700.00</i>	Balance Outstanding at Close of This Period <i>18,020.99</i>
--	---	---

TERMS Date Incurred *Various* Date Due *None* Interest Rate *None* Secured:  
*MM/DD/YYYY MM/DD/YYYY* (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) ..... *18,020.99*

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

NO-100-01-N1-01-00-1000000

**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 type="checkbox"/> 9

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>Pymt. of Phone Bill</i>
Mailing Address <i>814 Maple Avenue</i>			
City <i>N. Versailles</i>	State <i>PA</i>	Zip Code <i>15137</i>	
Outstanding Balance Beginning This Period <i>1,789.58</i>			
Amount Incurred This Period <i>129.41</i>		Payment This Period	Outstanding Balance at Close of This Period <i>1,802.99</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>1,802.99</i>

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1/30/18	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM	\$	\$
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
1:29 PM	\$	\$	\$
Special Handling/Fragile	Sunday/Holiday Premium Fee	Total Postage & Fees	
	\$	\$ 24.70	
Weight lbs.	ozs.	Acceptance Employee Initials	Employee Signature
		SK	
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Federal Election Commission  
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