

**FEC
FORM 3**

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

RECEIVED
FEC MAIL CENTER
2016 APR 12 AM 11:57

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 4114

Check if different than previously reported. (ACC)

619 8114 MAPLE AVENUE

NORTH VERDAILLES PA 15137-2808

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C00510917

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

STATE ▼ DISTRICT

PA 114

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 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 01 / 01 / 2016 through 03 / 31 / 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 04 / 08 / 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							
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FEC FORM 3
(Revised 02/2003)

NON-PROFIT ORGANIZATION

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

Friends of Dr. Jarvis C. Brooks

Report Covering the Period:

From: ^{M M / D D / Y Y Y Y} 01 / 01 / 2016

To: ^{M M / D D / Y Y Y Y} 03 / 31 / 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))	, 417.94	, 757.94
(b) Total Contribution Refunds (from Line 20(d))	, .	, .
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	, 417.94	, 757.94
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	, 9,005.42	, 15,615.22
(b) Total Offsets to Operating Expenditures (from Line 14)	, .	, .
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	, 9,005.42	, 15,615.22
8. Cash on Hand at Close of Reporting Period (from Line 27)	, 860.84	
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)	, 18,943.79	

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 12/2003)

Page 3

Write or Type Committee Name

Friends of Dr. Jarvis C. Brooks

Report Covering the Period: From:

M M / D D / Y Y Y Y
01 01 2016

To:

M M / D D / Y Y Y Y
03 31 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).....

, , 417.94

, , 757.94

(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))..

, , 417.94

, , 757.94

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

, ,

, ,

13. LOANS:

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

, , 8,897.87

, , 15,507.67

(b) All Other Loans.....

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

, , 8,897.87

, , 15,507.67

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)..... ▶

, , 9,315.81

, , 16,265.61

20160331 16:00:00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

9,005.42

15,615.22

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) ▶

9,005.42

15,615.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

550.45

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

9,315.81

25. SUBTOTAL (add Line 23 and Line 24).....

9,866.26

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

9,005.42

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

860.84

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	OF
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b

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) <u>Bridgeman, Consistence</u>		Date of Receipt M M / D D / Y Y Y Y <u>02 / 01 / 2016</u>
Mailing Address <u>2071 Guinivera Dr.</u>		Amount of Each Receipt this Period <u>, , 30.00</u>
City <u>N. Huntingdon,</u>	State Zip Code <u>PA 15642</u>	
FEC ID number of contributing federal political committee. <u>C</u>		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) <u>Jones, Terralyn</u>		Date of Receipt M M / D D / Y Y Y Y <u>01 / 01 / 2016</u>
Mailing Address <u>1001 Jefferson St.</u>		Amount of Each Receipt this Period <u>, , 100.00</u>
City <u>McKeesport,</u>	State Zip Code <u>PA 15132</u>	
FEC ID number of contributing federal political committee. <u>C</u>		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) <u>Wilburn, III, John</u>		Date of Receipt M M / D D / Y Y Y Y <u>02 / 10 / 2016</u>
Mailing Address <u>8525 Frankstown Rd.</u>		Amount of Each Receipt this Period <u>, , 25.00</u>
City <u>Pittsburgh,</u>	State Zip Code <u>PA 15235</u>	
FEC ID number of contributing federal political committee. <u>C</u>		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).....▶	, , .
TOTAL This Period (last page this line number only).....▶	, , .

NON-PROFIT ORGANIZATION

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

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

FOR LINE NUMBER: PAGE 2 OF 4
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Wilburn, III, John

Mailing Address
8525 Frankstown Rd.

City Pittsburgh State PA Zip Code 15235

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
03 / 10 / 2016

Amount of Each Receipt this Period
, , 50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Bridgeman, Constance

Mailing Address
2071 Guisvère Dr.

City N. Huntingdon State PA Zip Code 15642

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
01 / 01 / 2016

Amount of Each Receipt this Period
, , 30.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Wilburn, III, John

Mailing Address
8525 Frankstown Rd.

City Pittsburgh State PA Zip Code 15235

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
01 / 18 / 2016

Amount of Each Receipt this Period
, , 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ , , .

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

NON-FEDERAL FINANCIAL INFORMATION

**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 3 OF 4
	<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

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

Full Name (Last, First, Middle Initial) <i>Becker, Juanita</i>		Date of Receipt M M / D D / Y Y Y Y <i>02 / 10 / 2016</i>
A. Mailing Address <i>201 Jefferson Rd</i>		Amount of Each Receipt this Period , , <i>25.00</i>
City <i>Pittsburgh</i>	State <i>PA</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 ▼
Election Cycle-to-Date ▼		

Full Name (Last, First, Middle Initial) <i>Bell Terri</i>		Date of Receipt M M / D D / Y Y Y Y <i>03 / 03 / 2016</i>
B. Mailing Address <i>5907 Suite 340</i>		Amount of Each Receipt this Period , , <i>20.00</i>
City <i>Pittsburgh</i>	State <i>PA</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 ▼
Election Cycle-to-Date ▼		

Full Name (Last, First, Middle Initial) <i>Robinson, Yvonne</i>		Date of Receipt M M / D D / Y Y Y Y <i>03 / 20 / 2016</i>
C. Mailing Address <i>1703 Girard Ave</i>		Amount of Each Receipt this Period , , <i>20.00</i>
City <i>N. Versailles</i>	State <i>PA</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 ▼
Election Cycle-to-Date ▼		

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

NON-PROFIT ORGANIZATION

**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 4 OF 4
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Dr. Jervis 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>01 / 08 / 2016</i>
Mailing Address <i>119 Watkins Ave.</i>		Amount of Each Receipt this Period <i>, , 19.99</i>
City <i>Wilmerding</i>	State Zip Code <i>PA 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) <i>Marks David</i>		Date of Receipt M M / D D / Y Y Y Y <i>03 / 20 / 2016</i>
Mailing Address <i>1014 Kennedy Ave</i>		Amount of Each Receipt this Period <i>, , 50.00</i>
City <i>Duquesne</i>	State Zip Code <i>PA 15110</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) <i>Allen Cheryl L.</i>		Date of Receipt M M / D D / Y Y Y Y <i>01 / 23 / 2016</i>
Mailing Address <i>119 Watkins Ave.</i>		Amount of Each Receipt this Period <i>, , 22.95</i>
City <i>Wilmerding</i>	State Zip Code <i>PA 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 ▼	

SUBTOTAL of Receipts This Page (optional).....▶	<i>, ,</i>
TOTAL This Period (last page this line number only).....▶	<i>, , 417.94</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)

PAGE 1 OF 13

17
20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)

Friends of Dr. Jarvis C. Brooks

Full Name (Last, First, Middle Initial)

A. Dollar Tree
Mailing Address
110 Walmart Dr.
City N. Versailles PA Zip Code 15137
Purpose of Disbursement
Campaign Supplies
Candidate Name
Dr. Jarvis C. Brooks
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: PA District: 14

Date of Disbursement

M M / D D / Y Y Y Y
01 / 05 / 2016

Amount of Each Disbursement this Period

8.56

Memo Item

Supported by line 17
Paid by Debit Card

Full Name (Last, First, Middle Initial)

B. Dollar Tree
Mailing Address
1759 S. Braddock Ave.
City Pittsburgh PA Zip Code 15218
Purpose of Disbursement
Campaign Supplies
Candidate Name
Dr. Jarvis C. Brooks
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: PA District: 14

Date of Disbursement

M M / D D / Y Y Y Y
01 / 05 / 2016

Amount of Each Disbursement this Period

34.24

Memo Item

Supported by line 17
Paid by Debit Card

Full Name (Last, First, Middle Initial)

C. Ralph Watson Classic Events
Mailing Address
1010 Rebecca Ave.
City Wilkensburg PA Zip Code 15221
Purpose of Disbursement
Advertising
Candidate Name
Dr. Jarvis C. Brooks
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: PA District: 14

Date of Disbursement

M M / D D / Y Y Y Y
02 / 08 / 2016

Amount of Each Disbursement this Period

150.00

Memo Item

Supported by line 17
Paid by check

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

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

20160801 14:40:00

**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 2 OF 13	
	<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

A. <i>USPS</i> Mailing Address		Date of Disbursement M M / D D / Y Y Y Y <i>01 / 08 / 2016</i>
City <i>N. Versailles</i>	State <i>PA</i>	Zip Code <i>15137</i>
Purpose of Disbursement <i>Mailing</i>	Amount of Each Disbursement this Period <i>, , 19.99</i>	
Candidate Name <i>Dr. Janis C. Brooks</i>	Category/Type	<input type="checkbox"/> Memo Item
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) ▼	<i>Supported by line 17 Paid by Debit Card</i>
State: <i>PA</i> District: <i>14</i>	Full Name (Last, First, Middle Initial)	

B. <i>Dollar Tree</i> Mailing Address <i>110 Walmart</i>		Date of Disbursement M M / D D / Y Y Y Y <i>01 / 22 / 2016</i>
City <i>N. Versailles</i>	State <i>PA</i>	Zip Code <i>15137</i>
Purpose of Disbursement <i>Campaign Supplies</i>	Amount of Each Disbursement this Period <i>, , 23.54</i>	
Candidate Name <i>Dr. Janis C. Brooks</i>	Category/Type	<input type="checkbox"/> Memo Item
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) ▼	<i>Supported by line 17 Paid by Debit Card</i>
State: <i>PA</i> District: <i>14</i>	Full Name (Last, First, Middle Initial)	

C. <i>USPS</i> Mailing Address		Date of Disbursement M M / D D / Y Y Y Y <i>01 / 23 / 2016</i>
City <i>Wilmeiding</i>	State <i>PA</i>	Zip Code <i>15148</i>
Purpose of Disbursement <i>Mailing</i>	Amount of Each Disbursement this Period <i>, , 22.95</i>	
Candidate Name <i>Dr. Janis C. Brooks</i>	Category/Type	<input type="checkbox"/> Memo Item
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) ▼	<i>Supported by line 17 Paid by Debit Card</i>
State: <i>PA</i> District: <i>14</i>	Full Name (Last, First, Middle Initial)	

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

**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 3 OF 13
	<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. Jarvis C. Brooks

A. <i>USPS</i>		Date of Disbursement M M / D D / Y Y Y Y <i>03 / 10 / 2016</i>
Mailing Address		Amount of Each Disbursement this Period <i>, , 44.00</i> Memo Item <i>Supported by line 17 Paid by Debit Card</i>
City	State Zip Code	
<i>N. Versailles</i>	<i>PA 15137</i>	
Purpose of Disbursement <i>Mailing</i>	Candidate Name <i>Dr. Jarvis C. Brooks</i>	
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: <i>PA</i> District: <i>14</i>	Full Name (Last, First, Middle Initial)	

B. <i>Pittsburgh Parking Authority</i>		Date of Disbursement M M / D D / Y Y Y Y <i>03 / 23 / 2016</i>
Mailing Address		Amount of Each Disbursement this Period <i>, , 3.00</i> Memo Item <i>Supported by line 17 Paid by Debit Card</i>
City	State Zip Code	
<i>Pittsburgh</i>	<i>PA</i>	
Purpose of Disbursement <i>Parking</i>	Candidate Name <i>Dr. Jarvis C. Brooks</i>	
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: <i>PA</i> District: <i>14</i>	Full Name (Last, First, Middle Initial)	

C. <i>USPS</i>		Date of Disbursement M M / D D / Y Y Y Y <i>03 / 31 / 2016</i>
Mailing Address		Amount of Each Disbursement this Period <i>, , 6.80</i> Memo Item <i>Supported by line 17 Paid by Debit Card</i>
City	State Zip Code	
<i>N. Versailles</i>	<i>PA 15137</i>	
Purpose of Disbursement <i>Mailing</i>	Candidate Name <i>Dr. Jarvis C. Brooks</i>	
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: <i>PA</i> District: <i>14</i>	Full Name (Last, First, Middle Initial)	

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

20160310 10:40:00 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 5 OF 13
	<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)
Dr. Janis C. Brooks

Full Name (Last, First, Middle Initial) <i>A. Vista Print</i>		Date of Disbursement M M / D D / Y Y Y Y <i>01 / 06 / 2016</i>
Mailing Address		Amount of Each Disbursement this Period <i>, , 29.99</i>
City	State Zip Code	
Purpose of Disbursement <i>Car Magnet</i>	Candidate Name <i>Dr. Janis C. Brooks</i>	Memo Item <i>Supported by line 17 Paid by Debit Card</i>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: <i>PA</i> District: <i>14</i>		

Full Name (Last, First, Middle Initial) <i>B. Vista Print</i>		Date of Disbursement M M / D D / Y Y Y Y <i>01 / 06 / 2016</i>
Mailing Address		Amount of Each Disbursement this Period <i>, , 236.37</i>
City	State Zip Code	
Purpose of Disbursement <i>Post cards</i>	Candidate Name <i>Dr. Janis C. Brooks</i>	Memo Item <i>Supported by line 17 Paid by Debit Card</i>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: <i>PA</i> District: <i>17</i>		

Full Name (Last, First, Middle Initial) <i>C. Vista Print</i>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period <i>, , 89.27</i>
City	State Zip Code	
Purpose of Disbursement <i>Business Cards</i>	Candidate Name <i>Dr. Janis C. Brooks</i>	Memo Item <i>Supported by line 17 Paid by Debit Card</i>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: <i>PA</i> District: <i>14</i>		

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

20160101 12:40:00

**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 6 OF 13
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20	

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

Full Name (Last, First, Middle Initial) A. <u>Just Yard Signs</u>		Date of Disbursement M M / D D / Y Y Y Y <u>03 21 2016</u>
Mailing Address		Amount of Each Disbursement this Period <u>, , 997.50</u>
City	State Zip Code	
Purpose of Disbursement <u>Campaign Signs</u>	Candidate Name <u>Dr. Jarvis C. Brooks</u>	Memo Item <u>Supported by Line 17 Paid by Debit Card</u>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: <u>PA</u> District: <u>14</u>		

Full Name (Last, First, Middle Initial) B. <u>Mega Bus</u>		Date of Disbursement M M / D D / Y Y Y Y <u>01 07 2016</u>
Mailing Address		Amount of Each Disbursement this Period <u>, , 13.00</u>
City	State Zip Code	
Purpose of Disbursement <u>Travel</u>	Candidate Name <u>Dr. Jarvis C. Brooks</u>	Memo Item <u>Supported by line 17 Paid by Debit Card</u>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
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>02 17 2016</u>
Mailing Address		Amount of Each Disbursement this Period <u>, , 67.4</u>
City <u>N. Versailles</u>	State <u>PA</u> Zip Code <u>15137</u>	
Purpose of Disbursement <u>Meeting</u>	Candidate Name <u>Dr. Jarvis C. Brooks</u>	Memo Item <u>Supported by line 17 Paid by Debit Card</u>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: <u>PA</u> District: <u>14</u>		

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

20160110 09:10:00

**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 7 OF 13	
	<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. Javis C. Brooks

Full Name (Last, First, Middle Initial) <u>Wal-mart</u>		Date of Disbursement M M / D D / Y Y Y Y <u>01 / 10 / 2016</u>
Mailing Address <u>100 Walmart Dr</u>		Amount of Each Disbursement this Period , , <u>51.68</u>
City <u>N. Versailles</u>	State <u>PA</u> Zip Code <u>15137</u>	
Purpose of Disbursement <u>Campaign Supplies</u>		Memo Item <u>Supported by line 17 Paid by Debit Card</u>
Candidate Name <u>Dr. Javis 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>		

Full Name (Last, First, Middle Initial) <u>USPS</u>		Date of Disbursement M M / D D / Y Y Y Y <u>01 / 07 / 2016</u>
Mailing Address		Amount of Each Disbursement this Period , , <u>7.45</u>
City <u>N. Versailles</u>	State <u>PA</u> Zip Code <u>15137</u>	
Purpose of Disbursement <u>Mailing</u>		Memo Item <u>Supported by line 17 Paid by Debit Card</u>
Candidate Name <u>Dr. Javis 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>		

Full Name (Last, First, Middle Initial) <u>Wal-mart</u>		Date of Disbursement M M / D D / Y Y Y Y <u>01 / 29 / 2016</u>
Mailing Address <u>100 Walmart DR</u>		Amount of Each Disbursement this Period , , <u>7.74</u>
City <u>N. Versailles</u>	State <u>PA</u> Zip Code <u>15137</u>	
Purpose of Disbursement <u>Campaign Supplies</u>		Memo Item <u>Supported by line 17 Paid by Debit Card</u>
Candidate Name <u>Dr. Javis 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).....▶	, , .

2010-01-14 11:01:00 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)			
<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

PAGE 2 OF 13

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

A. Dollar Tree
Full Name (Last, First, Middle Initial)
Mailing Address: 110 Walmart Dr
City: N. Versailles State: PA Zip Code: 15137
Date of Disbursement: MM/DD/YYYY: 01/21/2016
Purpose of Disbursement: Campaign Supplies
Candidate Name: Dr. James C. Brooks
Amount of Each Disbursement this Period: 5.35
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify) _____
State: PA District: 14
Category/Type: Memo Item
Supported by line 17
Paid by Debit Card

B. SNEAD
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Date of Disbursement: MM/DD/YYYY: 01/30/2016
Purpose of Disbursement: Campaign Sponsor
Candidate Name: Dr. James C. Brooks
Amount of Each Disbursement this Period: 50.00
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify) _____
State: PA District: 14
Category/Type: Memo Item
Supported by line 17
Paid by Cash

C. SNEAD
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Date of Disbursement: MM/DD/YYYY: 01/30/2016
Purpose of Disbursement: Membership
Candidate Name: Dr. James C. Brooks
Amount of Each Disbursement this Period: 10.00
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify) _____
State: PA District: 14
Category/Type: Memo Item
Supported by line 17
Paid by Debit Card

SUBTOTAL of Disbursements This Page (optional) ►
TOTAL This Period (last page this line number only) ►

NON-IDENTIFIABLE INFORMATION

**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 9 OF 13
	<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. Jarvis C. Brooks

Full Name (Last, First, Middle Initial) <u>Carla Boyd</u>		Date of Disbursement MM/DD/YYYY <u>01/30/2016</u>
Mailing Address <u>P.O. Box 53018</u>		Amount of Each Disbursement this Period , , <u>20.00</u>
City <u>Pittsburgh</u>	State <u>PA</u>	
Zip Code <u>15219</u>		Memo Item <u>Supported by line 17</u> <u>Paid by Cash</u>
Purpose of Disbursement <u>Travel</u>		
Candidate Name <u>Dr. Jarvis 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) <u>Ronald Acric</u>		Date of Disbursement MM/DD/YYYY <u>02/15/2016</u>
Mailing Address <u>274 Welsh Ave</u>		Amount of Each Disbursement this Period , , <u>40.00</u>
City <u>N. Versailles</u>	State <u>PA</u>	
Zip Code <u>15137</u>		Memo Item <u>Supported by line 17</u> <u>Paid by Cash</u>
Purpose of Disbursement <u>Travel</u>		
Candidate Name <u>Dr. Jarvis 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) <u>Ronald Acric</u>		Date of Disbursement MM/DD/YYYY <u>02/19/2016</u>
Mailing Address <u>274 Welsh Ave</u>		Amount of Each Disbursement this Period , , <u>40.00</u>
City <u>N. Versailles</u>	State <u>PA</u>	
Zip Code <u>15137</u>		Memo Item <u>Supported by line 17</u> <u>Paid by Cash</u>
Purpose of Disbursement <u>Travel</u>		
Candidate Name <u>Dr. Jarvis 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>	

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

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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 10 OF 13			
	<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. Jenis C. Brooks

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. <i>AAUW</i>		M M / D D / Y Y Y Y <i>03 / 03 / 2016</i>
Mailing Address <i>425 FIFTH AVE</i>		Amount of Each Disbursement this Period <i>, , 70.00</i>
City <i>Pittsburgh</i> State <i>PA</i> Zip Code <i>15213</i>		
Purpose of Disbursement		Memo Item <i>Supported by line 17 Paid by check</i>
Candidate Name <i>Dr. Jenis 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) ▼	
State: <i>PA</i> District: <i>17</i>		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. <i>Commonwealth of PA</i>		M M / D D / Y Y Y Y <i>02 / 08 / 2016</i>
Mailing Address <i>401 NORTH STREET</i>		Amount of Each Disbursement this Period <i>, , 150.00</i>
City <i>Harrisburg</i> State <i>PA</i> Zip Code <i>17120</i>		
Purpose of Disbursement <i>Filing Fee</i>		Memo Item <i>Supported by line 17 Paid by Money Order</i>
Candidate Name <i>Dr. Jenis 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) ▼	
State: <i>PA</i> District: <i>17</i>		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. <i>Democratic Spring Brunch</i>		M M / D D / Y Y Y Y <i>02 / 12 / 2016</i>
Mailing Address <i>429 FORBES AVE SUITE 1301</i>		Amount of Each Disbursement this Period <i>, , 75.00</i>
City <i>Pittsburgh</i> State <i>PA</i> Zip Code <i>15219</i>		
Purpose of Disbursement <i>Brunch</i>		Memo Item <i>Supported by line 17 Paid by check</i>
Candidate Name <i>Dr. Jenis 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) ▼	
State: <i>PA</i> District: <i>17</i>		

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

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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)			
	<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. Jarvis C. Brooks

Full Name (Last, First, Middle Initial) <i>W. Kinsburg Democratic Committee</i>		Date of Disbursement M M / D D / Y Y Y Y <i>02 / 16 / 2016</i>
Mailing Address <i>W. Kinsburg Boro Bldg</i>		Amount of Each Disbursement this Period <i>50.00</i>
City <i>W. Kinsburg</i>	State <i>PA</i>	
Zip Code <i>15221</i>	Purpose of Disbursement <i>Speaking</i>	Memo Item <i>Supported by line 17 Paid by check</i>
Candidate Name <i>Dr. Jarvis 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) ▼	
State: <i>PA</i> District: <i>17</i>		

Full Name (Last, First, Middle Initial) <i>Ben Avalon Democratic Committee</i>		Date of Disbursement M M / D D / Y Y Y Y <i>01 / 30 / 2016</i>
Mailing Address <i>Boro Bldg.</i>		Amount of Each Disbursement this Period <i>50.00</i>
City <i>Ben Avalon</i>	State <i>PA</i>	
Zip Code <i>15202</i>	Purpose of Disbursement <i>Speaking</i>	Memo Item <i>Supported by line 17 Paid by check</i>
Candidate Name <i>Dr. Jarvis 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) ▼	
State: <i>PA</i> District: <i>17</i>		

Full Name (Last, First, Middle Initial) <i>Ralph Watson Classic Events</i>		Date of Disbursement M M / D D / Y Y Y Y <i>02 / 08 / 2016</i>
Mailing Address <i>1010 Rebecca Ave.</i>		Amount of Each Disbursement this Period <i>35.00</i>
City <i>W. Kinsburg</i>	State <i>PA</i>	
Zip Code <i>15221</i>	Purpose of Disbursement <i>Event</i>	Memo Item <i>Supported by line 17 Paid by check</i>
Candidate Name <i>Dr. Jarvis 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) ▼	
State: <i>PA</i> District: <i>17</i>		

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

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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)
 17
20a 18
20b 19a
20c 19b
21

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

Full Name (Last, First, Middle Initial)

A. Democratic Party

Date of Disbursement
M M / D D / Y Y Y Y
01 / 19 / 2016

Mailing Address 429 FORBES AVE Suite 1301

Amount of Each Disbursement this Period
6,000.00

City Pittsburgh State PA Zip Code 15269

Purpose of Disbursement
Endorsement Fee

Memo Item
Supported by line 17
paid by check

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)

B. 14th Ward Democratic Club

Date of Disbursement
M M / D D / Y Y Y Y
03 / 23 / 2016

Mailing Address 40 NOEL WASHINGTON
6034 Linden Lane

Amount of Each Disbursement this Period
200.00

City Pittsburgh State PA Zip Code 15208-2843

Purpose of Disbursement
Speaking / Sponsor

Memo Item
Supported by line 17
paid by check

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)

C. New Voices Pgh

Date of Disbursement
M M / D D / Y Y Y Y
03 / 01 / 2016

Mailing Address 5907 Penn AVE

Amount of Each Disbursement this Period
200.00

City Pittsburgh State PA Zip Code 15206

Purpose of Disbursement
Donation / Event

Memo Item
Supported by line 17
paid by check

Candidate Name
Dr. Janis C. Brooks

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▾

State: PA District: 14

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

**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

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

Full Name (Last, First, Middle Initial) A. <u>Steel Valley NAACP</u>		Date of Disbursement M M / D D / Y Y Y Y <u>02 / 06 / 2016</u>
Mailing Address <u>1713 West St.</u>		Amount of Each Disbursement this Period <u> , , 30.00</u>
City State Zip Code <u>Homestead PA 15120</u>		
Purpose of Disbursement <u>Speaking</u>		Memo Item <u>Supported by line 17 Paid by Check</u>
Candidate Name <u>Dr. Jarvis 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>		
Full Name (Last, First, Middle Initial)		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code		
Purpose of Disbursement		Memo Item
Candidate Name		
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) ▼	
State: District:		
Full Name (Last, First, Middle Initial)		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code		
Purpose of Disbursement		Memo Item
Candidate Name		
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) ▼	
State: District:		
Full Name (Last, First, Middle Initial)		

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

2016-01-14 10:00:00

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) <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<i>Brooks, Jarvis C.</i>	
Mailing Address	
<i>814 Maple Avenue</i>	

City	State	ZIP Code
<i>North Versailles</i>	<i>PA</i>	<i>15137</i>

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

TERMS	Date Incurred <i>Various</i>	Date Due <i>NONE</i>	Interest Rate <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.	

NOT FOR FILING PURPOSES

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 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <i>210,045.92</i>	Amount Incurred This Period <i>8,897.87</i>	Payment This Period	Outstanding Balance at Close of This Period <i>18,943.79</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)▶		

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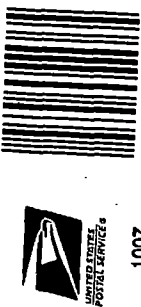
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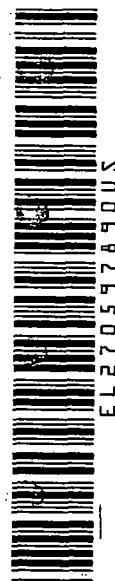
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Friends of Dr. James C. Beasly
P.O. Box 414
N. Versailles, Pa 15127

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)
*Rates to USPS.com® or local Post Office® for availability.

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PHONE ()

Federal Election Commission
999 E Street, NW
Washington, DC

ZIP + 4® (U.S. ADDRESSES ONLY)

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

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	Date Accepted (MM/DD/YY) 4-11-16	Time Accepted 1045 AM	Return Receipt Fee \$	Live Ant Transpo \$	
Weight 6 lbs.	Flat Rate \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$	22.95	

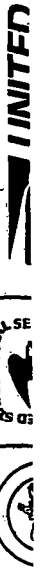
DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) Time
 AM
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Employee Signature

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<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 4/11/16
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<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
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

 PREPARER
4/12/16
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20160411 10:00:00 AM