

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

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Office Use Only

FEC MAIL CENTER

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

FRIENDS OF DR JANIS 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 CITY STATE ZIP CODE STATE DISTRICT

C

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

PA 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 MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 07 01 2012 through 09 30 2012

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 SHERI A. BIVINS

Signature of Treasurer Sheri A. Bivins Date 12 15 2012

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

Table with 10 columns for Office Use Only

FEC FORM 3 (Revised 02/2003)

12030992960

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF DR. JANIS C. BROOKS

Report Covering the Period: From:

^{M M / D D / Y Y Y Y}
07 01 2012

To:

^{M M / D D / Y Y Y Y}
09 30 2012

12030992961

	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))	, , 0.00	, , 0.00
(b) Total Contribution Refunds (from Line 20(d))	, , 0.00	, , 0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	, , 0.00	, , 0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	, , 39.00	, 4,231.00
(b) Total Offsets to Operating Expenditures (from Line 14)	, , 0.00	, , 0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	, , 39.00	, 4,231.00
8. Cash on Hand at Close of Reporting Period (from Line 27)	, , 961.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, , 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	, 18,284.96	

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. JANIS C. BROOKS

Report Covering the Period: From:

MM / DD / YYYY
07 01 2012

To:

MM / DD / YYYY
09 30 2012

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).....

, , *0.00* , , *285.00*

(ii) Unitemized.....

, , *0.00* , , *1,142.00*

(iii) TOTAL of contributions from individuals.....

, , *0.00* , , *1,142.00*

(b) Political Party Committees.....

, , *0.00* , , *0.00*

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

, , *0.00* , , *0.00*

(d) The Candidate.....

, , *0.00* , , *0.00*

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

, , *0.00* , , *1,142.00*

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

, , *0.00* , , *0.00*

13. LOANS:

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

, , *0.00* , , *4,650.00*

(b) All Other Loans.....

, , *0.00* , , *0.00*

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

, , *0.00* , , *4,050.00*

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

, , *6.00* , , *0.00*

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

, , *0.00* , , *0.00*

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....

, , *0.00* , , *5,477.00*

12030992962

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.....	,	,	39.00	,	,	4,231.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	,	,	0.00	,	,	0.00
19. LOAN REPAYMENTS:						
(a) Of Loans Made or Guaranteed by the Candidate.....	,	,	0.00	,	,	0.00
(b) Of All Other Loans.....	,	,	0.00	,	,	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	,	,	0.00	,	,	0.00
20. REFUNDS OF CONTRIBUTIONS TO:						
(a) Individuals/Persons Other Than Political Committees.....	,	,	0.00	,	,	0.00
(b) Political Party Committees.....	,	,	0.00	,	,	0.00
(c) Other Political Committees (such as PACs).....	,	,	0.00	,	,	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	,	,	0.00	,	,	0.00
21. OTHER DISBURSEMENTS.....	,	,	0.00	,	,	285.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	,	,	39.00	,	,	4,516.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	,		1,000.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	,		0.00
25. SUBTOTAL (add Line 23 and Line 24).....	,		1,000.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	,		39.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	,		961.00

12030992963

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE / OF /
	<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 FEE**

Candidate Name **DR. JANIS C. BROOKS**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **PA** District: **14**

Date of Disbursement **09/12/2012**

Amount of Each Disbursement this Period **39.00**

*Supporting line 17
check 1009*

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

12030992964

SCHEDULE C (FEC Form 3)

LOANS

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

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

4,050.00

0.00

4,050.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM/DD/YYYY
01/12/2012

MM/DD/YYYY
NONE

NONE

% (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) ▶

4,050.00

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

12030992965

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

NAME OF COMMITTEE (in Full)
FRIENDS OF DR. JANIS C. BROOKS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PNC BANK
 Nature of Debt (Purpose):
OFFICE SUPPLIES
-CREDIT CARD DEBT
TO BE REIMBURSED

Mailing Address:
P.O. Box 3429

City State Zip Code
PITTSBURGH PA 15230-3429

Outstanding Balance Beginning This Period
14.98

Amount Incurred This Period
0.00

Payment This Period
0.00

Outstanding Balance at Close of This Period
14.98

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PNC BANK
 Nature of Debt (Purpose):
JANUARY PHONE BILL
-CREDIT CARD DEBT
TO BE REIMBURSED

Mailing Address:
P.O. Box 3429

City State Zip Code
PITTSBURGH PA 15230-3429

Outstanding Balance Beginning This Period
23.49

Amount Incurred This Period
0.00

Payment This Period
0.00

Outstanding Balance at Close of This Period
23.49

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PNC BANK
 Nature of Debt (Purpose):
BUS TICKET
-CREDIT CARD DEBT
TO BE REIMBURSED

Mailing Address:
P.O. Box 3429

City State Zip Code
PITTSBURGH PA 15230-3429

Outstanding Balance Beginning This Period
47.50

Amount Incurred This Period
0.00

Payment This Period
0.00

Outstanding Balance at Close of This Period
47.50

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)	▶

12030992966

**SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each numbered line)
 PAGE 2 OF 8
 FOR LINE NUMBER: (check only one) 9 10

Excluding Loans

NAME OF COMMITTEE (In Full)
FRIENDS OF DR. JANIS C. BROOKS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK	Nature of Debt (Purpose): POSTAGE CREDIT CARD DEBT TO BE REIMBURSED
Mailing Address P.O. Box 3429	
City State Zip Code PITTSBURGH PA 15230-3429	

Outstanding Balance Beginning This Period 45.00	Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.00
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B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK	Nature of Debt (Purpose): BUSINESS CARDS CREDIT CARD DEBT TO BE REIMBURSED
Mailing Address P.O. Box 3429	
City State Zip Code PITTSBURGH PA 15230-3429	

Outstanding Balance Beginning This Period 30.49	Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 30.49
---	--	------------------------------------	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK	Nature of Debt (Purpose): CERTIFIED MAIL CREDIT CARD DEBT TO BE REIMBURSED
Mailing Address P.O. Box 3429	
City State Zip Code PITTSBURGH PA 15230-3429	

Outstanding Balance Beginning This Period 5.30	Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5.30
--	--	------------------------------------	--

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) ▶	

12030992967

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 3 OF 8

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

FRIENDS OF DR. JANIS C. BROOKS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): GARAGE FEE CREDIT CARD DEBT TO BE REIMBURSED
Mailing Address P.O. Box 3429		
City State Zip Code PITTSBURGH PA 15230-3429		

Outstanding Balance Beginning This Period 5.00	Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5.00
--	--	------------------------------------	--

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): NOTARY CREDIT CARD DEBT TO BE REIMBURSED
Mailing Address P.O. Box 3429		
City State Zip Code PITTSBURGH PA 15230-3429		

Outstanding Balance Beginning This Period 15.00	Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15.00
---	--	------------------------------------	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): FEB PHONE BILL CREDIT CARD DEBT TO BE REIMBURSED
Mailing Address P.O. Box 3429		
City State Zip Code PITTSBURGH PA 15230-3429		

Outstanding Balance Beginning This Period 15.10	Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15.10
---	--	------------------------------------	---

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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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 4 OF 8

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

FRIENDS OF DR JANIS C. BRUKS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PNC BANK

Nature of Debt (Purpose):

PRINTING

Mailing Address

P.O. BOX 3429

CREDIT CARD DEBT

City

PITTSBURGH PA

Zip Code

15230-3429

TO BE REIMBURSED

Outstanding Balance Beginning This Period

11.99

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.99

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PNC BANK

Nature of Debt (Purpose):

POST CARDS
CREDIT CARD DEBT
TO BE REIMBURSED

Mailing Address

P.O. BOX 3429

City

PITTSBURGH PA

Zip Code

15230-3429

Outstanding Balance Beginning This Period

193.77

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

193.77

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PNC BANK

Nature of Debt (Purpose):

MARATH PHONE BILL
CREDIT CARD DEBT
TO BE REIMBURSED

Mailing Address

P.O. BOX 3429

City

PITTSBURGH PA

State

Zip Code

15230-3429

Outstanding Balance Beginning This Period

9.25

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9.25

- 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) ▶

12030992959

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 5 OF 8

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (in Full)
FRIENDS OF DR. JANIS C. BROOKS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): PRINTING SERVICES CREDIT CARD DEBT TO BE REIMBURSED
Mailing Address P.O. BOX 3429		
City PITTSBURGH PA	State PA	Zip Code 15230-3429
Outstanding Balance Beginning This Period 351.20		
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 351.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): PRINTING SERVICES CREDIT CARD DEBT TO BE REIMBURSED
Mailing Address P.O. BOX 3429		
City PITTSBURGH PA	State PA	Zip Code 15230-3429
Outstanding Balance Beginning This Period 739.73		
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 739.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK		Nature of Debt (Purpose): POSTERS CREDIT CARD DEBT TO BE REIMBURSED
Mailing Address P.O. BOX 3429		
City PITTSBURGH PA	State PA	Zip Code 15230-3429
Outstanding Balance Beginning This Period 56.36		
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 56.36

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)	▶

12030992970

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 6 OF 8

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (in Full)

FRIENDS OF Dr. JANIS C. BROOKS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PNC BANK

Nature of Debt (Purpose):

POSTAGE
CREDIT CARD DEBT
TO BE REIMBURSED

Mailing Address

P.O. Box 3429

City

State

Zip Code

PITTSBURGH PA 15230-3429

Outstanding Balance Beginning This Period

1930

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1930

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PNC BANK

Nature of Debt (Purpose):

PRINTING SERVICES
CREDIT CARD DEBT
TO BE REIMBURSED

Mailing Address

P.O. Box 3429

City

State

Zip Code

PITTSBURGH PA 15230-3429

Outstanding Balance Beginning This Period

1,100.00

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1,100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PNC BANK

Nature of Debt (Purpose):

OFFICE SUPPLIES
CREDIT CARD DEBT
TO BE REIMBURSED

Mailing Address

P.O. Box 3429

City

State

Zip Code

PITTSBURGH PA 15230-3429

Outstanding Balance Beginning This Period

64.44

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

64.44

- 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) ▶

12030992971

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

(Use separate schedule(s) for each numbered line)

PAGE 7 OF 8

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (if Full)

FRIENDS OF DR. JANIS C. BROOKS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BROOKS, JANIS C.

Nature of Debt (Purpose):

out-of-pocket expenses to be reimbursed

Mailing Address

814 MAPLE AVE.

City

State

Zip Code

N. VERSAILLES PA 15137

Outstanding Balance Beginning This Period

428.82

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

428.82

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PNC BANK

Nature of Debt (Purpose):

Yard Signage CREDIT CARD DEBT - TO BE REIMBURSED

Mailing Address

P.O. BOX 3429

City

State

Zip Code

PITTSBURG

Outstanding Balance Beginning This Period

812.00

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

812.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PNC BANK

Nature of Debt (Purpose):

ELECTION SUPPLIES CREDIT CARD DEBT TO BE REIMBURSED

Mailing Address

P.O. BOX 3429

City

State

Zip Code

PITTSBURGH PA 15230-3429

Outstanding Balance Beginning This Period

43.12

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

43.12

- 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) ▶

12030992972

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

(Use separate schedule(s) for each numbered line)
 PAGE 8 OF 8
 FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (in Full)
 FRIENDS OF DR. JANIS C. BROOKS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 BROOKS, JANIS C.
 Nature of Debt (Purpose):
 Misc out-of-pocket EXPENSES
 Mailing Address
 814 MAPLE AVE.
 City State Zip Code
 N. VERSAILLES PA 15137
 TO BE REIMBURSED

Outstanding Balance Beginning This Period
 147.62
 Amount Incurred This Period
 0.00
 Payment This Period
 0.00
 Outstanding Balance at Close of This Period
 147.62

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 PNC BANK
 Nature of Debt (Purpose):
 APRIL, MAY, JUNE PHONE BILL (9.25 @)
 Mailing Address
 P.O. BOX 3429
 City State Zip Code
 PITTSBURGH PA 15230-3429
 TO BE REIMBURSED

Outstanding Balance Beginning This Period
 27.75
 Amount Incurred This Period
 0.00
 Payment This Period
 0.00
 Outstanding Balance at Close of This Period
 27.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 PNC BANK
 Nature of Debt (Purpose):
 JULY, AUG, SEPT PHONE BILL (9.25 @)
 Mailing Address
 P.O. BOX 3429
 City State Zip Code
 PITTSBURGH PA 15230-3429
 TO BE REIMBURSED

Outstanding Balance Beginning This Period
 27.75
 Amount Incurred This Period
 27.75
 Payment This Period
 0.00
 Outstanding Balance at Close of This Period
 27.75

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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