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FEC FORM 3

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

2012 DEC 26 PM 12: 08

Office Use Only MALL CENTER

(Revised 02/2003)

1. NAME OF TY COMMITTEE (in full)	PE OR PRINT \	Example: If typing, over the lines.	type 12FE4M5	,
Check if different	0.0 B.0 X 4 M 2/0 814 N VORTH VEK	MAPLE AVE	NUE	ZIP CODE A STATE ▼ DISTRICT
4. TYPE OF REPORT (Choose (a) Quarterly Reports: April 15 Quarterly Reports July 15 Quarterly Report October 15 Quarterly II January 31 Year-End F	ort (Q1) ort (Q2) Report (Q3) Report (YE) (c) 30-Da	Primary (12P) Convention (120 M M / tion on General (30G) M M /	General (** C) Special (1* D D / Y Y Y Y	I2G) Runoff (12R) 2S) in the State of
5. Covering Period Office Use M M M D 7 I certify that I have examined this I Type or Print Name of Treasurer NOTE: Submission of false, erroneou Use	SHERT A en a. Bi	f my knowledge and bel BIVTNS vins	Date 12	d complete.

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

				20				30 2012
		•		COLUI This P				OLUMN B n 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))	,	. ,	6	00	,	, 0.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))		5	0.	00	,	, -0.00
7.	Net	Operating Expenditures						
	(a)	Total Operating Expenditures (from Line 17)	,	,	3,9.	00	1	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.		sh on Hand at Close of porting Period (from Line 27)	, 1		961.	00		· ·
9.	the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	,	,	, O.	00		·
10.	the	ots and Obligations Owed BY Committee (Itemize all on needule C and/or Sohedule D)		1 É.	284	.Gla		

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

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

FRIENDS OF DR. JANIS C. BROOKS

Report Covering the Period:

From:

07 01 2012

To:

9 30 20/2

I. RECEIPTS			COLUMI Total This		COLUMN B Election Cycle-to-Date
11.	CONTRIBUTIONS (other than loans) FROM	1:			
	(a) Individuals/Persons Other Than Political Committees				20-
	(i) Itemized (use Schedule A)	,	5	0.00	, , 385.00
	(ii) Uniternized(iii) TOTAL of contributions	,	,	0 ·0 0	, 1,142.00
	from individuals	,	,	000	, 1,142.00
	(b) Political Party Committees(c) Other Political Committees	,	,	00.00	, , 0.00
	(such as PACs)	,	,	0.00	$,$ \circ \circ \circ \circ \circ
	(d) The Candidate(e) TOTAL CONTRIBUTIONS (other than loans)	,	,	0.00	, , , 0 .00
	(add Lines 11(a)(iii), (b), (c), and (d))	,	,	0.00	, 1, 142.00
12.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	,	3	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

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Disbursements

Page 4

	II. DISBURSEMENTS		COLUMN al This Po		1	COLUMN B on Cycle-to-Date
17.	OPERATING EXPENDITURES	,	, 3	39 . 0 0	,	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	3	,	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	_	al AA
	,	,	,	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	3	4,516.00
	III. CASH S	UMMARY				
23.	CASH ON HAND AT BEGINNING OF REPO	ORTING PERIOD			,	1,000.00
24	TOTAL RECEIPTS THIS PERIOD (from Line	e 16, page 3)			s. ,	, 0.00
25.	SUBTOTAL (add Line 23 and Line 24)		*******		· ·	, 2000.00
25.	TOTAL DISBURSEMENTS THIS PERIOD (fr	om Line 22)			,	, 39.00
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)					, 39.00 ,961.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: PAGE (check only one)

17
18
20a
20b

OF

19a 19b **Detailed Summary Page** 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) Full Name (Last, First, Middle Initial) Date of Disbursement Zip Code Amount of Each Disbursement this Period क्रुम्बरमञ्जूषक मञ्जून प्रभावनका गृह गानकाहरण्या ने का निर्माण गर्नाक जिल्हा निर्माण Category/ Supporting 1 me. 17 Shaek# 1004 Type Disbursement For: House Primary General Senate President Other (specify) District: 14 Full Name (Last, First, Middle Initial) Date of Disbursement B. M M / D D / Y Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code Amount of Each Disbursement this Period เมริงายเปลร์ใหล่งละเรียน และเป็นสดากเปลงเกลร์กเกล เป็นประเทริ และเหรือสมาเนล ประเทริเทริงา จะ Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) District: State: SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only)..... Rammed Bases 🛊 in Linguist Land 🛊 in Hilliam Li

SCHEDULE C (FEC Form 3) LOANS		Use separate schedule for each category of the Detailed Summary Pag	e (check o	PAGE / E NUMBER: nly one)	OF /
MALE OF COMMETTE A T. III	<u>`</u>	Detailed Surfimary Pag	<u> </u>		13b
NAME OF COMMITTEE (IN Full) FRIENDS OF DR. JAN	15 C. BROOKS				
BROOKS, JANIS	Middle Initial)		Election: Primary General		
Mailing Address 814 MAPLE AVEN City NORTH VERSALLE	'UE		Other (spe	ecify) ▼	
NORTH VERSMILE	State ZIP Co.	_			
Original Amount of Loan	Cumulative Payment To	Date Balar	nce Outstanding	at Close of	This Perio
, 4,050.00	,	0.00	,	4,050) · 00
TERMS Date Incurred	Date Due	Interest Rate		Secur	ed:
01/12/2012	мм/ в в / ч <i>No</i>	NE NONE	% (apr	, D	es 🔽 No
List All Endorsers or Guarantors (if any)	to Loan Source				
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	ı)		,	,	•
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Carry outstanding balance only to LINE 3, S	ichedule D, for this line. If	no Schedule D, carry forw			

SCHEDULE D (FEC Form 3)	(Use separate	PAGE / OF
DEBTS AND OBLIGATIONS	schedule(s)	FOR LINE NUMBER:
	for each numbered (ine)	(check only one) 9
NAME OF COMMITTEE (In Full)	Hamborod line)	10
FRIENDS OF DR. JANIS C. BROOK	<u>′</u> S	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		ebt (Purpose):
PNC BANK		CE SUPPLIES
Mailing Address. Box 3429		IT CARD DEBT
City	10 BE	REIMBURSED
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Payment This Period	Outstandi	ng Balance at Close of This Period
tour alle ment de mont	0,0	m. 14.98
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		ebt (Purpose):
PNC BANK	JANU	IMPY PHONEBILL
Mailing Address Box 3429	-CREI	OIT CARD DEBT
City	ľ	BE REIMBURSED
Outstanding Balance Beginning This Period		
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Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):
PNC-BANK	Bus	TICKET
Mailing Address P. O. BOX 3429	-CAE	DIT CARD DEBT
City PA 15230 - 3429	70 8	E REIMBURSED
Outstanding Balance Beginning This Period		
Amount Incurred This Period Payment This Period		ng Balance at Close of This Period
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	, ;	n para santa a na natang at ana at ang a Tanggan ang at ang
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)	<u></u> }	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page or	nly) 🕨 🗓 👢 📖	sa dheire sa ce la la dha chaireann in dhe she a' s

SCHEDULE D (F	EC	Form	3)
DEBTS AND OBL	_IGA	TIONS	3
Excluding Loans			
NAME OF COMMITTEE (n`Full)	

(Use separate schedule(s) for each numbered line) FOR LINE NUMBER: (check only one)

•
9
10

cluding Loans	numbered line)
AME OF COMMITTEE (In Full)	
FRIENDS OF DR. JANIS C. BROOKS	Nature of Debt (Dumane)
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
PNC BANK	YOSTAGE.
Mailing Address Box 3429	CREDIT CARD DEBT
City P State PA 15230-3429	TO BE REIMBURSED
Outstanding Balance Beginning This Period 4500 Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
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B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
PNC BANK	BUSINESS CARDS
Mailing Address Box 3429	- CREDIT CARD DEBT
City O State Zip Code 11TSBURGH PA 15230-3429	TO BE REIMBURSED
Outstanding Balance Beginning This Period	
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Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
PNC BANK	CERTIFIED MAIL
Mailing Address 1.0. Rox 3429	CARDIT CARD DEBT
City PITTSBURGIT PA 15230-3429	-TO BE REIMBURSED
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CHEDULE D (FEC Form 3) (Us		PAGE	
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Excluding Loans	numbered line)	(oncon only only	X 10
NAME OF COMMITTEE (In Full)			
FRIENDS OF DR. JANIS C. BROOKS	·		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Debt (Purpose):	
PNC BANK	l l	LABE FRE	
Mailing Address BOX 3429	i i	PIT CARD DE	
City State Zip Code 15230-3429	78 B	EREIMBURS	ED
Outstanding Balance Beginning This Period			
Amount Incurred This Period Payment This Period	Outetan	ding Balance at Close o	of This Period
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B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Debt (Purpose):	
PUC BANK	No	TARY CARD	7
Mailing Address Box 3429	CRE	10 CA14D 1	DEBI
City P State - Zip Code PMSBURGH PA 15230-3429	10 B	E REIMBUR.	SEP
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Debt (Purpose):	
PNC BANK	TEB	1101010	_
Mailing Address 1 1.0. Bl x 3429	l	DIT CARD D	•
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SCHEDULE D (FEC Form 3)	(Use separate PAGE 4 OF 8
DEBTS AND OBLIGATIONS	schedule(s) FOR LINE NUMBER:
Excluding Loans	for each (check only one) 9 numbered line) 10
NAME OF COMMITTEE (In Full)	
FRIENDS OF DR JANIS C. BRUNKS	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
INC BANK	PRINTING
Mailing/Address BOX 3429	CREDIT CARD DEBT
City D State PA 15230-3429	TO BE REIMBURSED
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
the contract of the contraction	1 1
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
PNC BANK	POST CARDS
Mailing Address Box 3429	CREDIT CARD DEBT
City P State PA 15230 - 3429	TO BE REIMBURSED
Outstanding Balance Beginning This Period	
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Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
PNC BANK	MARAH PHONE BILL
Mailing Podress O. Box 3429	CREDIT CARD DEBT
City PITTSBURGH PA State Zip Code 15230-3429	TO BE REIMBURSED
Outstanding Balance Beginning This Period	Outstanding Balance at Class of This Basis
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period QO 9.25
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2) TOTALS This Period (last page this line number only)	
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4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page on	nly) 🕨 — 👸 🐰 - 1 🖫 y na y y stanou y stanou se stano

SC	CHEDULE D (FEC Form 3)	(Use separate	PAGE 5 OF 8
DE	BTS AND OBLIGATIONS	schedule(s) for each	FOR LINE NUMBER: (check only one) 9
	cluding Loans	numbered line)	(Criedik Grilly Grie)
N/	ME OF COMMITTEE (In Full)		
	FRIENDS OF DR. JANIS C. BROOKS)	
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Debt (Purpose):
	INC BANK	TRIN	TING SERVICES
	Mailing Address 1.0. Box 3429	CRED	IT CARD DEBT
	City O State Zip Code IFT 5B URGH PA 15230 - 3429	70 B	E REIMBURSED
	Outstanding Balance Beginning This Period		
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	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of	Debt (Purpose):
	PNC BANK	PRIN	TING SERVICES
	Mailing Address BOX 3429	CRED	IT CARD PEST
	City Pitts State PA 15230 - 3429	To BL	E REIMBURSED
	Outstanding Balance Beginning This Period		······································
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	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of	Debt (Purpose):
	PNC BANK	Pos	STERS
	Mailing Address Box 3429		DIT CARD DEBT
	City PITSBURGH PA State Zip Code 15230-3429	10 R	BE REIMBURSED
	Outstanding Balance Beginning This Period		
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3	TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	To kangang Salaman kanggan at panggan banggan banggan banggan banggan banggan banggan banggan banggan banggan
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SCHEDULE D (FEC Form 3)	(Use separate	PAGE 6 OF 5		
DEBTS AND OBLIGATIONS	schedule(s) for each	FOR LINE NUMBER: (check only one) 9		
Excluding Loans	numbered line)	10		
NAME OF COMMITTEE (In Full) FRIENDS OF DR. JANIS C. BROOKS				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):		
PNC BANK	P057	POSTAGE		
Mailing Address Box 3429	CREOI	CREDIT CHED DEBT		
City P State Zip Code P1775BURG 17 PA 15230-3429	10 BA	TO BE REIMBURSED		
Outstanding Balance Beginning This Period				
Amount Incurred This Period நம்பத்தில் நம்பத் நம்பத்தில் நம்பத் நம்பத்தில் நம்பத் நம்பத்தில் நம்பத் நம்பத்தில் நம்பத்தில் நம்பத்தில் நம்பத்தில் நம்பத்தில் நம்பத்தில	1 - t - t	ng Balance at Close of This Period		
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	_	ebt (Purpose):		
PNC BANK	PRIN:	TING SERVICES TCAND DEBT		
Mailing Agoress Box 3429	CREDI	TCARD DEBT		
City Processing Processing City Processing P	To BE	REIMBURSED		
Outstanding Balance Beginning This Period / , / O O O				
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period		
The collection of the following the collection of the collection o	0.0	, 1,100.00		
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		ebt (Purpose):		
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Mailing Address Box 3429		IT CARD VEBT		
City Plans PA 15230 - 3429	10 6	E REIMBURSED		
Outstanding Balance Beginning This Period				
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2) TOTALS This Period (last page this line number only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)		The state of the s		
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SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans	(Use separate schedule(s) for each numbered line) PAGE 7 OF 8 PAGE 7 OF 8 FOR LINE NUMBER: (check only one) 9 10
NAME OF COMMITTEE (In Full) FRIENDS OF DR. JANIS C. BROKS	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BLOCKS, TANIS C. Mailing Address 8.14 MAPLE AVE City W State Zip Code	Nature of Debt (Purpose): Out-of-pucket expenses be reimbursed
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Payment This Period Payment This Period	1 - 0 - 1
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK Mailing Address P.O. BOX 3429 City Pitate Zip Code	Nature of Debt (Purpose): Yard Signage Radet Card DEBT -TO BE REIMBURSED
Outstanding Balance Beginning This Period , 8 / 3. 0 0 Amount Incurred This Period Payment This Period 0 0 0	Outstanding Balance at Close of This Period ∂O , $\mathcal{S}12.00$
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PNC BANK Mailing Address City PA State Zip Code 15230 - 3439	Nature of Debt (Purpose): FLECTION SUPPLIES CREDIT CARD DEBT TO BE REIMBURSED
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Payment This Period	Outstanding Balance at Close of This Perio
1) SUBTOTALS This Period This Page (optional)	

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

CHEDULE D (FEC Form 3)	(Use separate	PAGE 8 OF 8	
EBTS AND OBLIGATIONS	schedule(s) for each	FOR LINE NUMBER: (check only one)	
cluding Loans	numbered line)	10	
AME OF COMMITTEE (In Full)		•	
FRIENDS OF DR. JANIS C. BRO	0/5		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):	
BROOKS JANISC.	10/150	- out-of-pocket	
Mailing Address MAPLE AVE	EXPE	nses	
City State SAILES PA 15137	To Be	To BE REIMBURSED	
Outstanding Balance Beginning This Period			
14762			
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period	
รู้และสุดเกลา ผูนหมายหากฐารทางผูนการสุดการสุดการสุดการสุดเกลาสุดเกลาสุดการสุดการสุดการสุดการสุดการสุดการสุดการส เดิดการสิงเพลาสิกเพลาสิกเพลาสิกเพลาสิกเพลาสิกเพลาสิกเพลาสิกเพลาสิกเพลาสิกเพลาสิกเพลาสิกเพลาสิกเพลาสิกเพลาสิกเพ	r †	147.62	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	Pebt (Purpose):	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose): MAY, JUNE	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PAC BANK Mailing Address P. D. BUX 3429	Nature of D APRIL, PHOM	MAY, JUNE EBUL (9.25@)	
PNC BANK	Nature of D APRIL, PHOM	MAY, JUNE	
PNC BANK Mailing Address BUX 3429 City State PA 15230 - 3429 Outstanding Balance Beginning This Period	Nature of D APRIL, PHOM	MAY, JUNE EBUL (9.25@)	
PNC BANK Mailing Address P. O. BUX 3429 City State PA 15230-3429 Outstanding Balance Beginning This Period	Nature of D APRIL, PHOM	MAY, JUNE EBUL (9.25@)	
PNC BANK Mailing Address BUX 3429 City State PA 15230 - 3429 Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Nature of E APRIL, PHONE TO BE	MAY, JUNE EBUL (9.25@)	
PNC BANK Mailing Address P. O. BUX 3429 City P State PA 15230 - 3429 Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Nature of D APRIL, PHOM TO BE	MAY, JUNE EBUL (9.25@) REIMBURSED	
PNC BANK Mailing Address P. O. BUX 3429 City State PA 15230 - 3429 Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Nature of E APRIL, PHOME TO BE	MAY, JUNE EBILL (9.25@) REYMBURSED	
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PNC BANK Mailing Address P. O. BUX 3429 City PState PA 15230 - 3429 Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Nature of E APRIL TO BE Outstand Nature of E TUL	MAY, JUNE EBILL (9.25@) REYMBURSED Ing Balance at Close of This Period 1, 27.75 Debt (Purpose): 1, AUG, SEPT	
Mailing Address Mailing Address BUX 3429 City State PA 15230 - 3429 Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PND BANK Mailing Address	Nature of E APRIL TO BE Outstand Nature of E Tul Prior	MAY, JUNE EBILL (9.25@) REIMBURSED Ing Balance at Close of This Period 1, 27.75	

Payment This Period

Outstanding Balance at Close of This Period

Amount Incurred This Period

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. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):