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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Brooks, Janis, C, Rev Dr,			2. Candidate's FEC Identification Number H8PA18272		
(b) Address (number and street) 814 Maple Ave			<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code North Versailles PA 15137			3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House		6. State & District of Candidate PA 18	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) FRIENDS OF DR. JANIS C. BROOKS		
(b) Address (number and street) PO BOX 414 C/O 814 MAPLE AVENUE		
(c) City, State, and ZIP Code NORTH VERSAILLES PA 15137		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State, and ZIP Code		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Brooks, Janis, C, Rev Dr, [Electronically Filed]	Date 04/09/2018
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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