

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Mo Brooks for Congress

ADDRESS (number and street) 7610 Foxfire Dr.

Check if different than previously reported. (ACC)

Huntsville AL 35802 -

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00464149

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

STATE ▼ DISTRICT AL 05

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 M M / D D / Y Y Y Y through M M / D D / Y Y Y Y

11 / 24 / 2020 through 12 / 31 / 2020

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 Brooks, Martha, , ,

Signature of Treasurer Brooks, Martha, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y

01 / 30 / 2021

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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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Mo Brooks for Congress

Report Covering the Period: From: / / To: / /

	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))....	15238.29	18863.29
(b) Total Contribution Refunds (from Line 20(d))	5000.00	5000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	10238.29	13863.29
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6410.13	9037.54
(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)).....	6410.13	9037.54
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1118201.18	
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).....	4746.67	

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 05/2016)

Write or Type Committee Name

Mo Brooks for Congress

Report Covering the Period: From: / / To: / /

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).....	6600.00	7600.00
(ii) Unitemized.....	8638.29	8763.29
(iii) TOTAL of contributions from individuals ▶	15238.29	16363.29
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	15238.29	18863.29
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	37.93	37.93
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	15276.22	18901.22

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6410.13	9037.54
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	2500.00	2500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	2500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	5000.00	5000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	11410.13	14037.54

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1114335.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15276.22
25. SUBTOTAL (add Line 23 and Line 24).....	1129611.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11410.13
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1118201.18

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

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

FOR LINE NUMBER: PAGE 5 OF 11
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mo Brooks for Congress

A. Full Name (Last, First, Middle Initial)
Johnsey, Ronald, , ,
 Mailing Address 4434 Crooked Lane
 City Dallas State TX Zip Code 75229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Growth Destiny Occupation Investor
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2020
Transaction ID : SA11AI.34681
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
McDaniel, Mark, , ,
 Mailing Address 445 McClung Avenue SE
 City Huntsville State AL Zip Code 35801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McDaniel & McDaniel Occupation Attorney
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2020
Transaction ID : SA11AI.33983
 Amount of Each Receipt this Period
 2800.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
McDaniel, Mark, , ,
 Mailing Address 445 McClung Avenue SE
 City Huntsville State AL Zip Code 35801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McDaniel & McDaniel Occupation Attorney
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2020
Transaction ID : SA11AI.33984
 Amount of Each Receipt this Period
 2800.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	6600.00
TOTAL This Period (last page this line number only).....▶	6600.00

**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 11			
	<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)
Mo Brooks for Congress

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2020
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orlean	State LA	Zip Code 70112
Purpose of Disbursement Fundraising fees	Category/ Type 003	
Candidate Name		Amount of Each Disbursement this Period 45.76
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2020
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orlean	State LA	Zip Code 70112
Purpose of Disbursement Fundraising fees	Category/ Type 003	
Candidate Name		Amount of Each Disbursement this Period 6.04
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2020
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orlean	State LA	Zip Code 70112
Purpose of Disbursement Fundraising fees	Category/ Type 003	
Candidate Name		Amount of Each Disbursement this Period 49.89
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	101.69
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 7 OF 11			
	<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)
Mo Brooks for Congress

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2020
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orlean	State LA	Zip Code 70112
Purpose of Disbursement Fundraising fees		003
Candidate Name		Amount of Each Disbursement this Period 5.90
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) ▼	Transaction ID : SB17.34697
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2020
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orlean	State LA	Zip Code 70112
Purpose of Disbursement Fundraising fees		003
Candidate Name		Amount of Each Disbursement this Period 339.57
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) ▼	Transaction ID : SB17.34698
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Cadence Bank Cardmember Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2020
Mailing Address P. O. Box 790408		FEC Identification Number C
City St. Louis	State MO	Zip Code 63179
Purpose of Disbursement Credit card payment - see below		
Candidate Name		Amount of Each Disbursement this Period 1463.91
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) ▼	Transaction ID : SB17.34701
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1809.38
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 8 OF 11			
	<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)
Mo Brooks for Congress

Full Name (Last, First, Middle Initial) A. The Ledges			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2020		
Mailing Address 32 Castle Down Drive			FEC Identification Number C		
City Huntsville	State AL	Zip Code 35802	Amount of Each Disbursement this Period 1463.91		
Purpose of Disbursement Fundraiser catering		Category/ Type 003	Transaction ID : SB17.34701.0		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
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) B. Mustard Seed Interactive			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2020		
Mailing Address P. O. Box 488			FEC Identification Number C		
City Greenwood	State IN	Zip Code 46142	Amount of Each Disbursement this Period 4472.01		
Purpose of Disbursement Fundraising fees		Category/ Type 003	Transaction ID : SB17.34708		
Candidate Name		<input type="checkbox"/> Memo Item			
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) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	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:					

SUBTOTAL of Disbursements This Page (optional).....▶	4472.01
TOTAL This Period (last page this line number only).....▶	6383.08

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 11			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mo Brooks for Congress

Full Name (Last, First, Middle Initial) A. McDaniel, Mark, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2020		
Mailing Address 445 McClung Avenue SE					
City Huntsville	State AL	Zip Code 35801	FEC Identification Number C		
Purpose of Disbursement Refund of over limit contribution			Amount of Each Disbursement this Period 2500.00		
Candidate Name			Transaction ID : SB20A.34684		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address					
City	State	Zip Code	FEC Identification Number C		
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name			Memo Item <input type="checkbox"/>		
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) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address					
City	State	Zip Code	FEC Identification Number C		
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name			Memo Item <input type="checkbox"/>		
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: _____				

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

**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 10 OF 11	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mo Brooks for Congress

A. Full Name (Last, First, Middle Initial) AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2020	
Mailing Address 520 N. NORTHWEST HIGHWAY			
City PARK RIDGE	State IL	Zip Code 60068	
Purpose of Disbursement Refund of over limit contribution		FEC Identification Number C C00255752	
Candidate Name		Amount of Each Disbursement this Period 2500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	Transaction ID : SB20C.34686 <input type="checkbox"/> Memo Item		

B. Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period	
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: _____	<input type="checkbox"/> Memo Item		

C. Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period	
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: _____	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

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

NAME OF COMMITTEE (In Full)
Mo Brooks for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cadence Bank Cardmember Services			Nature of Debt (Purpose): Credit card debt
Mailing Address P. O. Box 790408			
City St. Louis	State MO	Zip Code 63179	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD10.34710	
Amount Incurred This Period 4746.67	Payment This Period 0.00	Outstanding Balance at Close of This Period 4746.67	

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		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment 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		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) SUBTOTALS This Period This Page (optional)	▶	4746.67
2) TOTALS This Period (last page this line number only)	▶	4746.67
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	4746.67