MAY 09 2016.

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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT F-	or New Members, C	FORM B For New Members, Candidates, and New Employees	Page 1 of 5
Name: Dr. Janis C. Brooks Da	Daytime Telephone:	16:	2016 MAY 12 PM 12: 47
New Member of or Candidate for State: PA U.S. House of Representatives District: 14 Candidates – Date of Election: April 26, 2016		Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:		Period Covered: January 1, <u>2016</u> to <u>April 26, 2016</u>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	THESE QUESTI	ONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or b. Make more than \$200 in unearmed income from any reportable asset during the reporting period?	No X	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ing the reporting period Yes X No le date of filing?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	× No F.	F. Do you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	r arrangement with an Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes Nebility (more than \$10,000) at any point during the reporting period?	.r	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	an \$5,000 from a single Yes X No S
ATTACH THE CORRESPONDING SCHEDULE IF YOU AI	SPONDING SCHI E SCHEDULES T	EDULE IF YOU ANSWER "YES" "HAT YOU ARE REQUIRED TO (NSWER "YES"
EXCLUSION OF SPOUSE DEPENDENT OR TRUST INFORMATION - ANSWER BOTH OF THESE OUIESTIONS			

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Dr. Janis C. Brooks Page 2 of

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			First Niagra Bank	TIAA-CREF	ABC Hedge Fund	Examples: Simon & Schuster	Mega Corp Stock	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., for an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second fromes and vacation homes (uriess there was rental increased in or income derived from, a federal interest in, or income derived from, a federal interest in, or income derived that its an Excepted interest program, including the Thirtt Savings Plan. If you have a privately-traded fund that is an Excepted investment program, including the Thirtt Savings Plan. If you have a privately-traded fund that is an Excepted interest child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	ror art itAss and other rethernent plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	(e) each asset held for investment no of income and with a fair market va g\$ 1,000 at the and of the reporting person any other reportable asset or source which generated more than \$200 ptf income during the year. Complete names of stocks and mutuel fuse only ticker symbols).	Assets and/or Income Sources	
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				├	_	-		None >	_	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "hone." Column M is for assets held by your spouse or dependent child in which you have no interest.		
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								EXCEPTED/BLIND TRUST		pply in coordinate in the coor	8	•
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					Partnership	Royalles		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as laccounts. Check "None" if the asset generated no income during the reporting period.		
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				<u> </u>	<u> </u>	\downarrow		Spouse/DC Income over \$1,000,000° ≚	4	or which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all indicate the category of income by checking the appropriate box below. Dividends, interest, gains, even if relimestad, must be disclosed as income for assets held in taxable check "None" if no income was earned or generated. Is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	
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SCHEDULE C - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS a Members and emple professional service	INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	ncome may apply to you after yo limit is \$27,495. In addition, certar staff.	u are on House payroll. The 2015 in types of income (notably honorar	limit on outside earned income for la, director's fees, and payments for
9		•	Am	Amount
	Source (include date of receipt for nonoraria)	Type	Current Year to Filing	Preceding Year
	ABC Trade Association, Battmore, MD (July 15)	Honorarium	\$ 0	\$500
Examples:	State of Maryland Civil War Roundtable (Oct. 2)	Salary Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
	Ontario County Board of Education	Spouse Salary	WA	WA
Citizens To Aboli	Citizens To Abolish Domestic Apathied, Inc. North Versailles, PA	Salary	37,500	37,500

SCHEDULE D - LIABILITIES

Name: Dr. Janis C. Brooks	
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you are not it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

		SP. DC, JT		
First N	Example			
First Niagra Bank, Grensburg, PA First Niagra Bank, Grensburg, PA	First Bank of Wilmington, DE	Creditor		
05/11 10/11	5/98	Date Liability Incurred MO/YR		
Car Lease, North Versailles, PA Home Inprove., 814 Maple Ave.	Mortgage on Rental Property, Dover, DE	Type of Liability		
		\$10,001- \$15,000	>	
××		\$15,001- \$50,000		
		\$50,001- \$100,000	n	
	×	\$100,001- \$250,000	0	
		\$250,001- \$500,000	m	moun
		\$500,001- \$1,000,000	71	t of Li
		\$1,000,001- \$5,000,000	6	Amount of Liability
		\$5,000,001- \$25,000,000	=	
		\$25,000,001- \$50,000,000	-	
		Over \$50,000,000	د.	
		Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Fouder/CEO	Citizens To Abolish Domestic Aparthied, Inc.

SCHEDULE F - AGREEMENTS

Name: Dr. Janis C. Brooks Page 5 of 5

identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat Information listed on Schedule C.

	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
Citizens To A	Citizens To Abolish Domestic Aparthied. Inc.	Founder/CEO