UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New	FORM B andidates, and New Employees	2012 IAM 13 PM 12: 56
Name: Dr. Janis C. Brooks	Daytime Telephone:	e:	OS. HOUSE SEE ALL DESCRIPTION OF THE CO.
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, 2015 to December 31, 2015.	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUESTION	SNS	
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? Of the reporting period? 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?	ng the reporting period Yes X No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	X No En	F. Did you have any reportable agreements or arrangements an outside entity during the reporting period or in the current calendar year up through the date of filing?	ble agreements or arrangements with Yes No X eporting period or in the current
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	X No J. I	J. Did you receive compensation of more than source in the current year and two prior years?	ation of more than \$5,000 from a single Yes X No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	RESPONDING SCHE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" I INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO (S" D COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH	INFORMATION -	—	OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not this report details of such a trust that benefits you, your spouse, or your dependent child?	on Ethics and certain other "on Ethid?		be disclosed. Have you excluded from Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependents for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ncome, transactions, or liabi	lities of a spouse or dependent child becau	ndent child because they meet all three Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Dr. Janis C. Brooks Page_ N 읔 Ċ

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			First Niagra Bank	TIAA-CREF	ABC Hedge Fund X	Examples: Simon & Schuster	Mega Corp Stock	or a detailed discussion of Schedule A equirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly hald with anyone (JT), in the optional calumn on the far left.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	ncome during the reporting period); and any financial trarest in, or income derived from, a federal etirement program, including the Thrift Savings Plan.	Exclude: Your personal residence, including second tomes and vacation homes (unless there was rental	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.	For rental and other real property held for investment, provide a complete address or description, e.g., rental property," and a city and state.	re gent, and other cash excounts, total the amount in 81 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.	secount that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	(a) each asset held for investment or on of income and with a fair market value ng \$1,000 at the end of the reporting period, any other reportable easet or source of which generated more than \$200 in ed income during the year.	Assets and/or income Sources	BLOCK A
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				×	Partnership income	Royalles		1	pe of Income (S	pecify: e.	g., Parinersh	ip Inco	ome or Farm Inc	ome)				Check "None" if the asset generated no income during the reporting period.	Check ell columns thet apply. For socounts that generals tax-deferred income (such as 401(s), RRA_SSB accounts), you may check the Tax-Deferred column. Dividenda, thereast, and capital galles, even if reinvested, must be disclosed as income for assets held in taxable accounts.	•	
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						1	×	\$1-\$200							=	1			For assets for which other assets indicate and capital gains, accounts. Check "Column XII is for as		
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-	+		V		\vdash	۲		None		4.1000,1						H	1		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if relinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D
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SCHEDULE C - EARNED INCOME

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Name: Dr. Janis C. Brooks	
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Page 3 of 5	
of 5	

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

INCOME LIMITS ar Members and emplo professional services	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 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. 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.	come may apply to you after your init is \$27,225. In addition, certistaff.	u are on House payroli. The 2014 ain types of income (notably honorar	t limit on outside earned income for ia, director's fees, and payments for
			Am	Amount
ď	Source (include date of receipt for nonorana)	łype	Current Year to Filing	Preceding Year
	ABC Trade Association, Berlimore, MD (July 15)	Honorarium	\$0	\$500
Examples:	Civil Was Roundbale (Oct. 2) Ontario County Board of Education	Spouse Speech	\$0 N/A	\$1,000 N/A
Citizens to Aboli	Citizens to Abolish Domestic Apartheid Inc. North Versailles PA	Salarv	37,500	33 020

SCHEDULE D - LIABILITIES

Name: Dr. Janis C. Brooks Page_ 4 잌 S

exceeded \$10,000. 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 rent 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.

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	Nissan	First Ni	Example			
	Nissan Motor Corporation	First Niagra Bank, Greensburg, PA	First Bank of Wilmington, DE	Creditor		
	10/14	10/11	5/98	Date Llability Incurred MO/YR		
	Car Lease, N. Versailles, PA	Home improvement, 814 Maple	Morigage on Rental Property, Dover, DE	Type of Liability		
-				\$10,001~ \$15,000	>	
	×	×		\$15,001- \$50,000	539	
				\$50,001- \$100,000	c	
			×	\$100,001- \$250,000	0	
				\$250,001- \$500,000	m	Amount of Liability
				\$500,001- \$1,000,000	71	t of L
				\$1,000,001- \$5,000,000	G	ability
				\$5,000,001- \$25,000,000	ж	
				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000	_	
				Over \$1,600,000* (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
Founder/CEO	Citizens to Abolish Domestic Apartheid, Inc.

SCHEDULE F - AGREEMENTS

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

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dentify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employ	1
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of absence during the period of government service; oyee welfare or benefit plan maintained by a former employer.	
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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.

grant man designation and an experience of the second seco	prince good results in the case of the cas
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
Citizens to Abolish Domestic Apartheid, Inc.	Founder/CEO