REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 4 12 25 PM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): Friends of Corrine Brown

ADDRESS (number and street) ☐ Check if different than previously reported.
3109 River Bend Ct. Suite A-102

CITY, STATE and ZIP CODE: Laurel, Maryland 20724
STATE/DISTRICT: FL/3

2. FEC IDENTIFICATION NUMBER: C00272732

3. IS THIS REPORT AN AMENDMENT? ☐ YES ☒ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☒ July 31 Mid-Year Report (Non-election Year Only)

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
☐ 30-Day Post-Election Report for the _____ (Type of Election) election on _____ in the State of _____
☐ Termination Report

This report contains activity for ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1/1/97 through 6/30/97		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	$ 31,775.00	$ 31,775.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	$ 31,775.00	$ 31,775.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	$ 30,642.94	$ 30,642.94
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$ 30,642.94	$ 30,642.94
8. Cash on Hand at Close of Reporting Period (from Line 27)	$ 15,897.15	
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)	0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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: Ms. Gloria Simmons

Signature of Treasurer: Gloria Simmons

Date: 7/31/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3
(revised 4/87)

FEDAW144