REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM
Oct 24 11 45 AM '98

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

ADDRESS (number and street): 40 East State Street
[X] Check if different than previously reported.

CITY, STATE and ZIP CODE: Jacksonville, FL 32202

STATE/DISTRICT: FL 3

2. FEC IDENTIFICATION NUMBER: C00272732

3. IS THIS REPORT AN AMENDMENT? [ ] YES [X] 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)
- [X] Twelfth day report preceding General (Type of Election) election on 11/03/98 in the State of FL
- [ ] Thirtieth day report following the General Election on _____ in the State of _____
- [ ] Termination Report

This report contains activity for: [ ] Primary Election [X] General Election [ ] Special Election [ ] Runoff Election

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-date
5.	Covering Period 10/01/98 through 10/14/98		
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) [from Line 11(e)]	$37865.00	$222954.75
	(b) Total Contribution Refunds (From Line 20(d))	$0.00	$2000.00
	(c) Net Contributions (other than loans)(subtract Line 6(b) from 6(a))	$37865.00	$220954.75
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	$59282.13	$157687.54
	(b) Total Offsets to Operating Expenditures (from Line 14)	$0.00	$0.00
	(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	$59282.13	$157687.54
8.	Cash on Hand at Close of Reporting Period (from Line 27)	$125200.70	
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:
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: Gloria Simmons

Signature of Treasurer: Gloria Simmons

Date: 10/19/98

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

FEC FORM 3
(Revised 4/87)