REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2001 JUN 22 A 9:47

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

ADDRESS (number and street) ☐ Check if different than previously reported.
3109 River Bend Court, D-102

CITY, STATE and ZIP CODE
Laurel, MD 20724

STATE/DISTRICT
FL 03

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 General (Type of Election) election on 11/07/2000 in the State of FL
☐ 30-Day Post-Election Report following the General 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 10/01/2000 through 10/18/2000		
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (From Line 11(a))	$86,785.00	$478,565.69
	(b) Total Contribution Refunds (From Line 20(d))	$9,170.00	$14,470.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	$77,615.00	$464,095.69
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	$217,842.18	$400,215.38
	(b) Total Offsets to Operating Expenditures (from Line 14)	$0.00	$1,334.00
	(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	$217,842.18	$398,881.38
8.	Cash on Hand at Close of Reporting Period (From Line 27)	$132,874.68	
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)	$9,288.36	

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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 Simpson

Signature of Treasurer: [signature]

Date: 6/20/01

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)