REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

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.

2. FEC IDENTIFICATION NUMBER: C00272732

CITY, STATE and ZIP CODE: Jacksonville, FL 32202

STATE/DISTRICT: FL/3rd

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 Primary (Type of Election) election on Sept. 1, 1998 in the State of Florida
- [ ] Thirtieth day report following the General Election on _____ in the State of _____
- [ ] Termination Report

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

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-date
5.	Covering Period 07/01/98 through 08/12/98		
6.	Net Contributions (other than loans)		
	(a) Total Contributions(other than loans) (from Line 11(e))	$38100.00	$109866.75
	(b) Total Contribution Refunds (From Line 20(d))	$2000.00	$2000.00
	(c) Net Contributions (other than loans)(subtract Line 6(b) from 6(a))	$36100.00	$107866.75
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	$13272.42	$56680.45
	(b) Total Offsets to Operating Expenditures (from Line 14)	$0.00	$0.00
	(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	$13272.42	$56680.45
8.	Cash on Hand at Close of Reporting Period (from Line 27)	$112579.79	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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: Ms. Gloria Simmons

Signature of Treasurer: Gloria Simmons — Date: 8/19/98

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)