

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
Friends of Corrine Brown

ADDRESS (number and street) 3563 Carriage Walk Lane  
 Check if different than previously reported. (ACC) Laurel MD 20724

2. **FEC IDENTIFICATION NUMBER** C C00272732 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
FL 03

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
08 / 07 / 2014 through 09 / 30 / 2014

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 *[Electronically Filed]* Date M M / D D / Y Y Y Y  
09 / 15 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Friends of Corrine Brown**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	81375.00	488408.59
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	6200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	81375.00	482208.59
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	108192.15	466602.41
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2193.35
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	108192.15	464409.06
8. Cash on Hand at Close of Reporting Period (from Line 27).....	29283.00	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	19675.44	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Friends of Corrine Brown**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	35350.00	181816.00
(ii) Unitemized.....	25.00	11467.59
(iii) TOTAL of contributions from individuals ▶	35375.00	193283.59
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	46000.00	295125.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	81375.00	488408.59
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	2000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	2000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	2193.35
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	105.39	666.72
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	81480.39	493268.66

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	108192.15	466602.41
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	6700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	-500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	6200.00
21. OTHER DISBURSEMENTS .....	0.00	13188.25
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	108192.15	485990.66

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	55994.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	81480.39
25. SUBTOTAL (add Line 23 and Line 24).....	137475.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	108192.15
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	29283.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 67
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A.** Full Name (Last, First, Middle Initial)  
**Julian Blumenthal**

Mailing Address 72 Buttell Ave

City State Zip Code  
Lakewood NJ 08701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Meadowlands Hospital Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : C10224649**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Eligie Jack Boatman**

Mailing Address 10375 Kearns Rd

City State Zip Code  
Theodore AL 36582

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Amber Consulting LLC Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : C10224604**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Anastasia Burlyuk**

Mailing Address 45 Walker Ave

City State Zip Code  
Closter NJ 07624

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Meadowlands Hospital Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : C10224610**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 67
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A.** Full Name (Last, First, Middle Initial)  
**Gary Chartrand**

Mailing Address 405 Osprey Lookout Ct

City	State	Zip Code
Ponte Vedra Beach	FL	32082

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Acosta Sales Company	Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : C10224683**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Carl Chidlow**

Mailing Address 2509 Davis Ave

City	State	Zip Code
Alexandria	VA	22302

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Winning Strategies Washington	Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : C10224665**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**C.** Full Name (Last, First, Middle Initial)  
**William Clyburn Jr**

Mailing Address 7819 12th St NW

City	State	Zip Code
Washington	DC	20012-1322

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Clyburn Consulting	Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : C10209675**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ 3250.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 67
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A.** Full Name (Last, First, Middle Initial)  
**Eugene Finker (Finker Consulting)**

Mailing Address 9934 Chelsea Lake Rd

City	State	Zip Code
Jacksonville	FL	32256

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 28 / 2014

**Transaction ID : C10230776**

Amount of Each Receipt this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Lazar S Finker**

Mailing Address 9934 Chelsea Lake Dr

City	State	Zip Code
Jacksonville	FL	32256

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Itera Int'l Energy Corp	International Trader

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : C10224667**

Amount of Each Receipt this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Matthew Hamilton**

Mailing Address 2076 Westfield Rd Cir

City	State	Zip Code
Scotch Plains	NJ	07076

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Columbus Hospital	CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : C10224652**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 67
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia Hogan**

Mailing Address 6750 Epping Forest Way N  
Apt 113

City Jacksonville State FL Zip Code 32217-2657

FEC ID number of contributing federal political committee. **C**

Name of Employer corporate care works Occupation licensed mental health counselor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : C10217678**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Cyrus Jollivette**

Mailing Address 11800 Old Georgetown Rd

City North Bethesda State MD Zip Code 20852-2645

FEC ID number of contributing federal political committee. **C**

Name of Employer Cyrus M. Jollivette Public Affairs LLC Occupation Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : C10160164**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Sergei M. Karakai**

Mailing Address 5450 Blue Pacific Dr.

City Jacksonville State FL Zip Code 32257

FEC ID number of contributing federal political committee. **C**

Name of Employer Itera Energy Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 28 / 2014

**Transaction ID : C10224602**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5600.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 67
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A.** Full Name (Last, First, Middle Initial)  
**Shaul Kuperwasser**

Mailing Address 7 Remon Lane

City Lakewood State NJ Zip Code 08701

FEC ID number of contributing federal political committee. **C**

Name of Employer WK Holdings Occupation VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : C10224608**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mikhail Lipsky**

Mailing Address 5701 Collins Ave Apt. 1601

City Miami Beach State FL Zip Code 33140

FEC ID number of contributing federal political committee. **C**

Name of Employer Innovative Health Management Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : C10224651**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard Lipsky**

Mailing Address P.O. Box 160

City Park Ridge State NJ Zip Code 07656

FEC ID number of contributing federal political committee. **C**

Name of Employer Meadowlands Hospital Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : C10224653**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 67  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A.** Full Name (Last, First, Middle Initial)  
**Matt Vargas (Veteran's Assembled Electronics LLC)**

Mailing Address 221 Third St. Ste. 100

City State Zip Code  
Newport RI 02840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : C10230782**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Rostislav Rusev**

Mailing Address 429 Crestview Ave

City State Zip Code  
Hackensack NJ 07601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Meadowlands Hospital Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : C10224609**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Jennifer Stewart**

Mailing Address 1780 Potomac Greens Dr

City State Zip Code  
Alexandria VA 22314-6231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stewart Strategies & Solutions Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : C10205193**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 67  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A.** Full Name (Last, First, Middle Initial)  
**Committee to Elect Alan Grayson**

Mailing Address 4415 Gwyndale Court

City Orlando State FL Zip Code 32837

FEC ID number of contributing federal political committee. **C**

Name of Employer Campaign Committee Occupation Campaign Committee

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : C10224698A**

Amount of Each Receipt this Period  
2000.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2014

**Transaction ID : C10224698AB**

Amount of Each Receipt this Period  
2000.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

35350.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 67
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A.** Full Name (Last, First, Middle Initial)  
**AFSCME PEOPLE**

Mailing Address 1625 L St NW

City Washington State DC Zip Code 20036-5665

FEC ID number of contributing federal political committee. **C C00011114**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : C10224605**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Air Line Pilots Association PAC**

Mailing Address 1625 Massachusetts Ave NW

City Washington State DC Zip Code 20036-2212

FEC ID number of contributing federal political committee. **C C00035451**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : C10224688**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Akerman LLP PAC**

Mailing Address 495 NORTH KELLER ROAD  
SUITE 300

City MAITLAND State FL Zip Code 32751

FEC ID number of contributing federal political committee. **C C00280008**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : C10224664**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 67
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A. Amalgamated Transit Union COPE**

Full Name (Last, First, Middle Initial)  
Mailing Address 5025 Wisconsin Ave NW

City Washington State DC Zip Code 20016-4113

FEC ID number of contributing federal political committee. **C C00032995**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : C10224686**

Amount of Each Receipt this Period  
2500.00

**B. American Airlines PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 17th Street, NW No. 600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00107300**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : C10224682**

Amount of Each Receipt this Period  
1000.00

**C. American Association for Justice PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 777 6th Street, NW Suite 200

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00024521**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : C10224655**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 67
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A.** Full Name (Last, First, Middle Initial)  
**American Medical Association PAC**

Mailing Address 25 Massachusetts Ave NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : C10224607**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY POLITICAL ACTION COMMITTEE (PT-PAC)**

Mailing Address 1111 NORTH FAIRFAX ST.

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00012880**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : C10224684**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Shortline & Regional Railroad Assoc. PAC**

Mailing Address 50 F STREET NW SUITE 7020

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00298190**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : C10224666**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 67
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A.** Full Name (Last, First, Middle Initial)  
**Brotherhood of Railroad Signalmen PAC**

Mailing Address 917 Shenandoah Shores Rd

City State Zip Code  
Front Royal VA 22630

FEC ID number of contributing federal political committee. **C** C00011262

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 28 / 2014

**Transaction ID : C10224603**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Committee on Letter Carriers Political Education**

Mailing Address 100 Indiana Ave NW

City State Zip Code  
Washington DC 20001-2143

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : C10224692**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**CUBIC CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE**

Mailing Address 9333 BALBOA AVE., M/S 10-2

City State Zip Code  
SAN DIEGO CA 92123

FEC ID number of contributing federal political committee. **C** C00151787

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : C10224681**

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 67  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A.** Full Name (Last, First, Middle Initial)  
**David Scott for Congress**

Mailing Address P.O. BOX 960821

City State Zip Code  
RIVERDALE GA 30296

FEC ID number of contributing federal political committee. **C C00369801**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : C10224612**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Employees of Northrop Grumman Corp PAC**

Mailing Address 3699 Wilshire Blvd #1290

City State Zip Code  
Los Angeles CA 90010

FEC ID number of contributing federal political committee. **C C00088591**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : C10224606**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**Engineers Political Education Committee**

Mailing Address 1125 17th St NW

City State Zip Code  
Washington DC 20036-4709

FEC ID number of contributing federal political committee. **C C00029504**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 16 / 2014

**Transaction ID : C10188981**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8500.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 67
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A.** Full Name (Last, First, Middle Initial)  
**FLORIDA EAST COAST INDUSTRIES INC GOOD GOVERNMENT COMMITTEE (FECI PAC)**

Mailing Address **2855 LE JEUNE ROAD 4TH FLOOR**

City **CORAL GABLES** State **FL** Zip Code **33134**

FEC ID number of contributing federal political committee. **C C00544908**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 19 / 2014**

**Transaction ID : C10191792**

Amount of Each Receipt this Period  
**2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Kutak Rock LLP PAC**

Mailing Address **1650 Farnam St Suite 3100**

City **Omaha** State **NE** Zip Code **68102**

FEC ID number of contributing federal political committee. **C C00160986**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : C10225166**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Corporation Employees' PAC**

Mailing Address **2121 Crystal Dr Ste 100**

City **Arlington** State **VA** Zip Code **22202**

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 24 / 2014**

**Transaction ID : C10224685**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**4000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 67
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A.** Full Name (Last, First, Middle Initial)  
**National Association of Realtors PAC**

Mailing Address 430 N Michigan Ave

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 8000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : C10224679**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**National Association of Realtors PAC**

Mailing Address 430 N Michigan Ave

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 8000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : C10224676**

Amount of Each Receipt this Period  
 3000.00

**C.** Full Name (Last, First, Middle Initial)  
**National Beer Wholesalers Association PAC**

Mailing Address 1101 King St  
Ste 600

City Alexandria State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : C10224656**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 67
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

A. Full Name (Last, First, Middle Initial)  
**NATIONAL READY MIXED CONCRETE ASSN. PAC (CONCRETEPAC)**

Mailing Address 900 SPRING ST.  
City SILVER SPRING State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C C00114025**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 24 / 2014**

**Transaction ID : C10224675**

Amount of Each Receipt this Period  
**1000.00**

B. Full Name (Last, First, Middle Initial)  
**NATIONAL TURKEY FEDERATION POLITICAL ACTION COMMITTEE/TURPAC**

Mailing Address 1225 NEW YORK AVE NW STE 400  
 City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00076182**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 16 / 2014**

**Transaction ID : C10188980**

Amount of Each Receipt this Period  
**1000.00**

C. Full Name (Last, First, Middle Initial)  
**SEIU COPE**

Mailing Address 1800 Massachusetts Ave NW  
 City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00004036**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 19 / 2014**

**Transaction ID : C10191791**

Amount of Each Receipt this Period  
**5000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 67
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A.** Full Name (Last, First, Middle Initial)  
**TTX Company Employees PAC**

Mailing Address 101 N. Wacker Dr Suite 1060

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C** C00138974

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : C10224680**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**United Parcel Service Inc PAC**

Mailing Address 55 Glenlake Parkway NE

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : C10224677**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

46000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 67	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Airtickets Ltd</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address 118 Al. Panagouli St.		Amount of Each Disbursement this Period 253.73 <b>Transaction ID : D552493</b>
City Athens Greece	State Zip Code 15343	
Purpose of Disbursement Travel	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AirTran Airlines</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2014
Mailing Address 9955 Airtran Blvd		Amount of Each Disbursement this Period 282.60 <b>Transaction ID : D550536</b>
City Orlando	State FL Zip Code 32827-5385	
Purpose of Disbursement Travel	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. ALoft Hotel Jacksonville</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2014
Mailing Address 751 Skymarks Dr.		Amount of Each Disbursement this Period 284.87 <b>Transaction ID : D552473</b>
City Jacksonville	State FL Zip Code 32218	
Purpose of Disbursement Lodging	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	821.20
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 1101 17th St NW Ste 600		Amount of Each Disbursement this Period 619.20 <b>Transaction ID : D550567</b>
City Washington State DC Zip Code 20036-4718	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 1101 17th St NW Ste 600		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : D550568</b>
City Washington State DC Zip Code 20036-4718	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 50 Massachusetts Ave.NE Union Station		Amount of Each Disbursement this Period 78.00 <b>Transaction ID : D550576</b>
City Washington State DC Zip Code 20002	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	757.20
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 67	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 50 Massachusetts Ave.NE Union Station		Amount of Each Disbursement this Period 83.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Travel	Transaction ID : D550532
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2014
Mailing Address PO Box 70529		Amount of Each Disbursement this Period 98.17
City Charlotte	State NC	
Zip Code 28272	Purpose of Disbursement Telecommunications Services	Transaction ID : D550325
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Austin's Soul Food Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 4807 North Main Street		Amount of Each Disbursement this Period 68.48
City Jacksonville	State FL	
Zip Code 32206	Purpose of Disbursement Meal/Beverage	Transaction ID : D550495
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	249.65
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Barnett Jewelers</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 13249 City Square Dr Ste 115			Amount of Each Disbursement this Period 275.26 <b>Transaction ID : D550537</b>
City Jacksonville	State FL	Zip Code 32218-7239	
Purpose of Disbursement Donor Gift		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Barton Printing Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 1711 E Church St			Amount of Each Disbursement this Period 397.24 <b>Transaction ID : D550330</b>
City Jacksonville	State FL	Zip Code 32202-1119	
Purpose of Disbursement Printing		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Barton Printing Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 1711 E Church St			Amount of Each Disbursement this Period 846.64 <b>Transaction ID : D550333</b>
City Jacksonville	State FL	Zip Code 32202-1119	
Purpose of Disbursement Printing		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1519.14
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 67			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Barton Printing Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 1711 E Church St		Amount of Each Disbursement this Period 700.85 <b>Transaction ID : D550338</b>
City Jacksonville State FL Zip Code 32202-1119	Purpose of Disbursement Printing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Barton Printing Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 1711 E Church St		Amount of Each Disbursement this Period 1607.68 <b>Transaction ID : D550354</b>
City Jacksonville State FL Zip Code 32202-1119	Purpose of Disbursement Printing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Buzz Bakery</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 901 Slaters Ln		Amount of Each Disbursement this Period 38.55 <b>Transaction ID : D550598</b>
City Alexandria State VA Zip Code 22314-1221	Purpose of Disbursement Food/Beverages	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2347.08
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 67	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Carlyle Grand Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 4000 S 28th St		Amount of Each Disbursement this Period 93.28
City Arlington	State VA	
Zip Code 22206	Purpose of Disbursement Food/Beverages	Transaction ID : D550556
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Clinton Green</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2014
Mailing Address 8117 Colonnade Ct West		Amount of Each Disbursement this Period 2000.00
City Jacksonville	State FL	
Zip Code 32244	Purpose of Disbursement Catering	Transaction ID : D550341
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Crowne Plaza Jacksonville</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 1201 Riverplace Blvd		Amount of Each Disbursement this Period 93.79
City Jacksonville	State FL	
Zip Code 32207	Purpose of Disbursement Lodging	Transaction ID : D550594
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2187.07
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 67			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Delta Air Lines</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 310.60 <b>Transaction ID : D550461</b>
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Edible Arrangements</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 11776 E Colonial Dr		Amount of Each Disbursement this Period 93.08 <b>Transaction ID : D550540</b>
City Orlando	State FL	
Zip Code 32817	Purpose of Disbursement Fruit Basket	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Ellen Fields</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 1003 Paris Ave		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D550329</b>
City Nashville	State TN	
Zip Code 37204	Purpose of Disbursement Back to School Drive	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	653.68
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 67			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Evans &amp; Katz LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2014
Mailing Address 600 Pennsylvania Ave SE Ste 340		Amount of Each Disbursement this Period 2043.54 <b>Transaction ID : D550331</b>
City Washington State DC Zip Code 20003-6300	Purpose of Disbursement Accounting Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Exxon Mobile</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2014
Mailing Address 121 State St E		Amount of Each Disbursement this Period 15.13 <b>Transaction ID : D550470</b>
City Jacksonville State FL Zip Code 32202-3050	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Flowers Express</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2014
Mailing Address 2504 N Main St		Amount of Each Disbursement this Period 251.45 <b>Transaction ID : D550326</b>
City Jacksonville State FL Zip Code 32206	Purpose of Disbursement Flowers	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2310.12
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 67	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Gateway Retail Center LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 301 N Lynndale Dr		Amount of Each Disbursement this Period 1800.00 <b>Transaction ID : D550327</b>
City Appleton	State WI	
Zip Code 54914-3049	Purpose of Disbursement Rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Giant Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2014
Mailing Address 4453 San Juan Ave		Amount of Each Disbursement this Period 56.09 <b>Transaction ID : D550468</b>
City Jacksonville	State FL	
Zip Code 32210	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Giant Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2014
Mailing Address 4453 San Juan Ave		Amount of Each Disbursement this Period 50.03 <b>Transaction ID : D550557</b>
City Jacksonville	State FL	
Zip Code 32210	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1906.12
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Giant Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 4453 San Juan Ave		Amount of Each Disbursement this Period 39.01
City Jacksonville	State FL Zip Code 32210	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : D550573
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Glenel Bowden</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address PO Box 2003		Amount of Each Disbursement this Period 419.83
City Lake City	State FL Zip Code 32056	
Purpose of Disbursement Reimbursement for Lodging	Candidate Name	Transaction ID : D550340
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Hanna Hunt</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 421 New Jersey Ave SE		Amount of Each Disbursement this Period 3000.00
City Washington	State DC Zip Code 20003-4007	
Purpose of Disbursement Fundraising Consulting Services	Candidate Name	Transaction ID : D550355
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3458.84
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 67	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Harry's of Gainesville</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address 110 SE 1st St		Amount of Each Disbursement this Period 124.51 <b>Transaction ID : D550485</b>
City Gainesville	State FL	
Zip Code 32601-6851	Purpose of Disbursement Food/Beverages	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Hess Gas Station</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 466 Blanding Blvd		Amount of Each Disbursement this Period 57.13 <b>Transaction ID : D550478</b>
City Orange Park	State FL	
Zip Code 32073	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Hilton Convention Center</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2014
Mailing Address 1751 Hotel Plaza Blvd		Amount of Each Disbursement this Period 450.36 <b>Transaction ID : D550473</b>
City Orlando	State FL	
Zip Code 32830-8430	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	632.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 67			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Hilton Convention Center</b>		Date of Disbursement
Mailing Address 1751 Hotel Plaza Blvd		M M / D D / Y Y Y Y 08 / 15 / 2014
City Orlando	State FL	Zip Code 32830-8430
Purpose of Disbursement Lodging	Amount of Each Disbursement this Period 1049.61	
Candidate Name	Transaction ID : D550412	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. House Gift Shop</b>		Date of Disbursement
Mailing Address B-217 Longworth HOB		M M / D D / Y Y Y Y 09 / 24 / 2014
City Washington	State DC	Zip Code 20515
Purpose of Disbursement Donor Gifts	Amount of Each Disbursement this Period 493.50	
Candidate Name	Transaction ID : D550577	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Ilene's for Fashion</b>		Date of Disbursement
Mailing Address 2441 NW 43rd St Ste 25B		M M / D D / Y Y Y Y 09 / 13 / 2014
City Gainesville	State FL	Zip Code 32606-7433
Purpose of Disbursement Gifts for Supporters	Amount of Each Disbursement this Period 287.79	
Candidate Name	Transaction ID : D550555	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1830.90
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 67			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)  
**A. Influential Data**

Mailing Address 600 Pennsylvania Ave SE Ste. 400

City Washington State DC Zip Code 20003

Purpose of Disbursement Campaign Robo Calls

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 16 / 2014

Amount of Each Disbursement this Period: 4105.44

Transaction ID : D552472

Full Name (Last, First, Middle Initial)  
**B. Isaiah Rumlin Insurance**

Mailing Address 5600 New Kings Road, No. 4

City Jacksonville State FL Zip Code 32209-0263

Purpose of Disbursement Campaign Office

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 15 / 2014

Amount of Each Disbursement this Period: 676.12

Transaction ID : D550336

Full Name (Last, First, Middle Initial)  
**c. Isaiah Rumlin Insurance**

Mailing Address 5600 New Kings Road, No. 4

City Jacksonville State FL Zip Code 32209-0263

Purpose of Disbursement Campaign Office

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 21 / 2014

Amount of Each Disbursement this Period: 417.78

Transaction ID : D550337

**SUBTOTAL** of Disbursements This Page (optional) ..... 5199.34

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. J Pope Consulting, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014		
Mailing Address 10503 Sweetbriar Parkway			Amount of Each Disbursement this Period 1000.00		
City Silver Spring	State MD	Zip Code 20903	Transaction ID : D550334		
Purpose of Disbursement Compliance Services		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. J Pope Consulting, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014		
Mailing Address 10503 Sweetbriar Parkway			Amount of Each Disbursement this Period 2350.00		
City Silver Spring	State MD	Zip Code 20903	Transaction ID : D550324		
Purpose of Disbursement Compliance Consulting		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. J Pope Consulting, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014		
Mailing Address 10503 Sweetbriar Parkway			Amount of Each Disbursement this Period 2000.00		
City Silver Spring	State MD	Zip Code 20903	Transaction ID : D550353		
Purpose of Disbursement Compliance Consulting		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 67			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. JEA</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 43 West Church St.		Amount of Each Disbursement this Period 2190.00
City Jacksonville	State FL Zip Code 32202	
Purpose of Disbursement Lights in Campaign Office	Category/Type	<b>Transaction ID : D552471</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jerome Brown Bar-B-Que</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 1551 W Edgewood Ave		Amount of Each Disbursement this Period 3500.00
City Jacksonville	State FL Zip Code 32208	
Purpose of Disbursement Catering	Category/Type	<b>Transaction ID : D550328</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jerome Brown BBQ</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 1551 Edgewood Avenue W		Amount of Each Disbursement this Period 1230.61
City Jacksonville	State FL Zip Code 32208	
Purpose of Disbursement Meals for Election Day Workers	Category/Type	<b>Transaction ID : D552494</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6920.61
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 67			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Jerome Brown BBQ</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 1551 Edgewood Avenue W		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : D552499</b>
City Jacksonville	State FL Zip Code 32208	
Purpose of Disbursement Meals for Election Day Workers	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Junior's Seafood Restaurant and Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 9349 N Main St		Amount of Each Disbursement this Period 38.49 <b>Transaction ID : D550621</b>
City Jacksonville	State FL Zip Code 32218	
Purpose of Disbursement food/beverage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Junior's Seafood Restaurant and Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 9349 N Main St		Amount of Each Disbursement this Period 79.09 <b>Transaction ID : D550578</b>
City Jacksonville	State FL Zip Code 32218	
Purpose of Disbursement food/beverage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3617.58
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 67	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Junior's Seafood Restaurant and Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 9349 N Main St		Amount of Each Disbursement this Period 11.76 <b>Transaction ID : D550579</b>
City Jacksonville State FL Zip Code 32218	Purpose of Disbursement food/beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Junior's Seafood Restaurant and Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address 9349 N Main St		Amount of Each Disbursement this Period 120.77 <b>Transaction ID : D550513</b>
City Jacksonville State FL Zip Code 32218	Purpose of Disbursement food/beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Markello Spivey</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 4158 Lockhart Dr		Amount of Each Disbursement this Period 1100.00 <b>Transaction ID : D550339</b>
City Jacksonville State FL Zip Code 32209	Purpose of Disbursement Sponsorship	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1232.53
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 67		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Marriott Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 10400 Fernwood Rd		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : D550580</b>
City Bethesda	State MD	
Zip Code 20817	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Marriott Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 10400 Fernwood Rd		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : D550581</b>
City Bethesda	State MD	
Zip Code 20817	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Marriott Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 10400 Fernwood Rd		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : D550582</b>
City Bethesda	State MD	
Zip Code 20817	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 67			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)  
**A. Marriott Hotels**

Mailing Address 10400 Fernwood Rd

City Bethesda State MD Zip Code 20817

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 27 / 2014

Amount of Each Disbursement this Period: 1500.00

Transaction ID : D550583

Full Name (Last, First, Middle Initial)  
**B. Marriott Hotels**

Mailing Address 10400 Fernwood Rd

City Bethesda State MD Zip Code 20817

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 27 / 2014

Amount of Each Disbursement this Period: 752.27

Transaction ID : D550584

Full Name (Last, First, Middle Initial)  
**c. Marriott Hotels**

Mailing Address 10400 Fernwood Rd

City Bethesda State MD Zip Code 20817

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 29 / 2014

Amount of Each Disbursement this Period: 3534.28

Transaction ID : D550585

**SUBTOTAL** of Disbursements This Page (optional) ..... 5786.55

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 67		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Marriott Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 10400 Fernwood Rd		Amount of Each Disbursement this Period 1274.34
City Bethesda	State MD	
Zip Code 20817	Purpose of Disbursement Lodging	<b>Transaction ID : D550586</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Marriott Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 10400 Fernwood Rd		Amount of Each Disbursement this Period 1168.38
City Bethesda	State MD	
Zip Code 20817	Purpose of Disbursement Lodging	<b>Transaction ID : D550587</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Marriott Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 10400 Fernwood Rd		Amount of Each Disbursement this Period 683.58
City Bethesda	State MD	
Zip Code 20817	Purpose of Disbursement Lodging	<b>Transaction ID : D550588</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3126.30
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Marriott Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 10400 Fernwood Rd		Amount of Each Disbursement this Period 683.58 <b>Transaction ID : D550589</b>
City Bethesda	State MD	
Zip Code 20817	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Marriott Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 10400 Fernwood Rd		Amount of Each Disbursement this Period 683.58 <b>Transaction ID : D550590</b>
City Bethesda	State MD	
Zip Code 20817	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Marriott Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 10400 Fernwood Rd		Amount of Each Disbursement this Period 650.17 <b>Transaction ID : D550591</b>
City Bethesda	State MD	
Zip Code 20817	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2017.33
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 67			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Marriott Hotels</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014		
Mailing Address 10400 Fernwood Rd			Amount of Each Disbursement this Period 0.01		
City Bethesda	State MD	Zip Code 20817	Transaction ID : D550592		
Purpose of Disbursement Lodging		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Marriott Hotels</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014		
Mailing Address 10400 Fernwood Rd			Amount of Each Disbursement this Period 369.93		
City Bethesda	State MD	Zip Code 20817	Transaction ID : D550593		
Purpose of Disbursement Lodging		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Marriott Hotels</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014		
Mailing Address 10400 Fernwood Rd			Amount of Each Disbursement this Period 5000.00		
City Bethesda	State MD	Zip Code 20817	Transaction ID : D550552		
Purpose of Disbursement Lodging		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5369.94
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 67	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Marriott Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 10400 Fernwood Rd		Amount of Each Disbursement this Period 5000.00
City Bethesda	State MD	
Zip Code 20817	Purpose of Disbursement Lodging	Transaction ID : D550554
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Marriott Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 10400 Fernwood Rd		Amount of Each Disbursement this Period 1000.00
City Bethesda	State MD	
Zip Code 20817	Purpose of Disbursement Lodging	Transaction ID : D550535
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Marriott</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2014
Mailing Address 1535 Broadway		Amount of Each Disbursement this Period 453.32
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Lodging	Transaction ID : D552483
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6453.32
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 67		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Mila's Catering Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 1720 Lanier Pl NW		Amount of Each Disbursement this Period 870.00 <b>Transaction ID : D550379</b>
City Washington State DC Zip Code 20009	Purpose of Disbursement Catering Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Monique's Clozet</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 2566 Appian Way		Amount of Each Disbursement this Period 2775.00 <b>Transaction ID : D552486</b>
City Pinole State CA Zip Code 94564	Purpose of Disbursement Campaign T-Shirts	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. Paul Ford</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 1135-2 Conklin St.		Amount of Each Disbursement this Period 372.20 <b>Transaction ID : D550358</b>
City Tallahassee State FL Zip Code 32310	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4017.20
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 67	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Mr. Will Oglesby</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2014
Mailing Address 2428 White Horse Rd W		Amount of Each Disbursement this Period 550.00 <b>Transaction ID : D550343</b>
City Jacksonville	State FL	
Zip Code 32246	Purpose of Disbursement Information Requested	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ms. Alice Kimborough</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2014
Mailing Address 898 Van Buren St.		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : D550349</b>
City Jacksonville	State FL	
Zip Code 32206	Purpose of Disbursement Ice Cream Honey Dippers	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ms. Jennifer Boston</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2014
Mailing Address 311 St. Johns Ave		Amount of Each Disbursement this Period 2025.00 <b>Transaction ID : D550344</b>
City Jacksonville	State FL	
Zip Code 32205	Purpose of Disbursement refreshments	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3025.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 67			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 2400.00 <b>Transaction ID : D550332</b>
City Washington	State DC Zip Code 20005-5006	
Purpose of Disbursement Software Services	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Omni Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2014
Mailing Address 245 Water St		Amount of Each Disbursement this Period 116.39 <b>Transaction ID : D550486</b>
City Jacksonville	State FL Zip Code 32202-4417	
Purpose of Disbursement Lodging	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Omni Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2014
Mailing Address 245 Water St		Amount of Each Disbursement this Period 54.08 <b>Transaction ID : D550490</b>
City Jacksonville	State FL Zip Code 32202-4417	
Purpose of Disbursement Lodging	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2570.47
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 67		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Omni Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 245 Water St		Amount of Each Disbursement this Period 16.76 <b>Transaction ID : D550492</b>
City Jacksonville	State FL Zip Code 32202-4417	
Purpose of Disbursement Lodging	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Omni Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 245 Water St		Amount of Each Disbursement this Period 11.56 <b>Transaction ID : D550493</b>
City Jacksonville	State FL Zip Code 32202-4417	
Purpose of Disbursement Lodging	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Omni Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 245 Water St		Amount of Each Disbursement this Period 6.42 <b>Transaction ID : D550494</b>
City Jacksonville	State FL Zip Code 32202-4417	
Purpose of Disbursement Lodging	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	34.74
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 67		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Omni Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2014
Mailing Address 245 Water St		Amount of Each Disbursement this Period 281.94 <b>Transaction ID : D550483</b>
City Jacksonville	State FL Zip Code 32202-4417	
Purpose of Disbursement Lodging	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Omni Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2014
Mailing Address 245 Water St		Amount of Each Disbursement this Period 281.94 <b>Transaction ID : D550484</b>
City Jacksonville	State FL Zip Code 32202-4417	
Purpose of Disbursement Lodging	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Onyx Magazine</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address P.O. Box 555672		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : D550602</b>
City Orlando	State FL Zip Code 32855	
Purpose of Disbursement October 2014 Issue	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5563.88
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A. PNC Merchant Services**

Full Name (Last, First, Middle Initial)  
Mailing Address 1 PNC Plaza

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 03 / 2014

Amount of Each Disbursement this Period: 35.00

Transaction ID : D550509

**B. Premier Design**

Full Name (Last, First, Middle Initial)  
Mailing Address 11613 Lake Ride Dr.

City Jacksonville State FL Zip Code 32223

Purpose of Disbursement  
Campaign Paraphernalia

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 21 / 2014

Amount of Each Disbursement this Period: 350.00

Transaction ID : D552484

**C. Racetrac**

Full Name (Last, First, Middle Initial)  
Mailing Address 4644 Atlantic Blvd

City Jacksonville State FL Zip Code 32207

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 14 / 2014

Amount of Each Disbursement this Period: 40.00

Transaction ID : D550462

**SUBTOTAL** of Disbursements This Page (optional) ..... 425.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 67			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Racetrac</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 14 / 2014</b>
Mailing Address <b>4644 Atlantic Blvd</b>		Amount of Each Disbursement this Period <b>3.82</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32207</b>	Purpose of Disbursement <b>Travel</b>	<b>Transaction ID : D550463</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Raceway</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 08 / 2014</b>
Mailing Address <b>9940 Atlantic Blvd.</b>		Amount of Each Disbursement this Period <b>31.19</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32225</b>	Purpose of Disbursement <b>Travel</b>	<b>Transaction ID : D550534</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Raceway</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 12 / 2014</b>
Mailing Address <b>9940 Atlantic Blvd.</b>		Amount of Each Disbursement this Period <b>32.33</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32225</b>	Purpose of Disbursement <b>Travel</b>	<b>Transaction ID : D550398</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>67.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)  
**A. Renaissance Hotels**

Mailing Address 29 North Royal St.

City State Zip Code  
Mobile AL 36602

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
08 / 21 / 2014

Amount of Each Disbursement this Period  
311.43

Transaction ID : D552481

Full Name (Last, First, Middle Initial)  
**B. Sam's Club**

Mailing Address 2101 SE Simple Savings Dr

City State Zip Code  
Bentonville AR 72712-4304

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 02 / 2014

Amount of Each Disbursement this Period  
21.17

Transaction ID : D550504

Full Name (Last, First, Middle Initial)  
**c. Sam's Club**

Mailing Address 2101 SE Simple Savings Dr

City State Zip Code  
Bentonville AR 72712-4304

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 02 / 2014

Amount of Each Disbursement this Period  
221.50

Transaction ID : D550499

**SUBTOTAL** of Disbursements This Page (optional)..... 554.10

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 67		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Sam's Club</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 2101 SE Simple Savings Dr		Amount of Each Disbursement this Period 256.78 <b>Transaction ID : D550479</b>
City Bentonville	State AR	
Zip Code 72712-4304	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Senior Life Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 9745 Hood Rd		Amount of Each Disbursement this Period 220.00 <b>Transaction ID : D550601</b>
City Jacksonville	State FL	
Zip Code 32257	Purpose of Disbursement Senior Life Foundation	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Shell Service Station</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 620 Chaffee Rd S		Amount of Each Disbursement this Period 58.74 <b>Transaction ID : D550563</b>
City Jacksonville	State FL	
Zip Code 32221-1104	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	535.52
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Shell Service Station</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014		
Mailing Address 620 Chaffee Rd S			Amount of Each Disbursement this Period 8.02		
City Jacksonville	State FL	Zip Code 32221-1104	Transaction ID : D550564		
Purpose of Disbursement Travel		Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Shell Service Station</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014		
Mailing Address 620 Chaffee Rd S			Amount of Each Disbursement this Period 43.01		
City Jacksonville	State FL	Zip Code 32221-1104	Transaction ID : D550502		
Purpose of Disbursement Travel		Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Shell Service Station</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014		
Mailing Address 620 Chaffee Rd S			Amount of Each Disbursement this Period 59.16		
City Jacksonville	State FL	Zip Code 32221-1104	Transaction ID : D550496		
Purpose of Disbursement Travel		Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	110.19
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 67			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Shell Service Station</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 620 Chaffee Rd S		Amount of Each Disbursement this Period 25.09
City Jacksonville	State FL Zip Code 32221-1104	
Purpose of Disbursement Travel	Category/Type	Transaction ID : D550531
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Soul Food Bistro</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 5119 Normandy Blvd		Amount of Each Disbursement this Period 69.49
City Jacksonville	State FL Zip Code 32205	
Purpose of Disbursement Food/Beverages	Category/Type	Transaction ID : D550409
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Soul Food Bistro</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2014
Mailing Address 5119 Normandy Blvd		Amount of Each Disbursement this Period 243.63
City Jacksonville	State FL Zip Code 32205	
Purpose of Disbursement Food/Beverages	Category/Type	Transaction ID : D550539
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	338.21
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Susan Gage Caterers</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 7411 Livingston Rd			Amount of Each Disbursement this Period 6,000.00 <b>Transaction ID : D550377</b>
City Oxon Hill	State MD	Zip Code 20745-1747	
Purpose of Disbursement Catering Services		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Temple Builders</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 5310 Lenox Ave			Amount of Each Disbursement this Period 391.98 <b>Transaction ID : D550466</b>
City Jacksonville	State FL	Zip Code 32205	
Purpose of Disbursement Facility Rental		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. The Biltmore Hotel</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2014
Mailing Address 1200 Anastasia Ave			Amount of Each Disbursement this Period 43.34 <b>Transaction ID : D550569</b>
City Coral Gables	State FL	Zip Code 33134	
Purpose of Disbursement Lodging		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	611.32
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. The Biltmore Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2014
Mailing Address 1200 Anastasia Ave		Amount of Each Disbursement this Period 849.14 <b>Transaction ID : D550574</b>
City Coral Gables	State FL	
Zip Code 33134	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. The Biltmore Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2014
Mailing Address 1200 Anastasia Ave		Amount of Each Disbursement this Period 10.32 <b>Transaction ID : D550575</b>
City Coral Gables	State FL	
Zip Code 33134	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. The Uniform Outlet</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 5715 Beach Blvd		Amount of Each Disbursement this Period 100.56 <b>Transaction ID : D550471</b>
City Jacksonville	State FL	
Zip Code 32207	Purpose of Disbursement Campaign T-Shirts	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	960.02
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 67			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Tiki Graphics Co</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 5290 Norwood Ave Ste 8		Amount of Each Disbursement this Period 145.52
City Jacksonville	State FL Zip Code 32208-5017	
Purpose of Disbursement Printing	Category/Type	Transaction ID : D550351
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UPS Townhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 316 Pennsylvania Ave SE Ste 300		Amount of Each Disbursement this Period 200.00
City Washington	State DC Zip Code 20003-1173	
Purpose of Disbursement Facility Rental Fee	Category/Type	Transaction ID : D550360
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 422.60
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	Category/Type	Transaction ID : D550396
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	768.12
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 67			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 631.20 <b>Transaction ID : D550405</b>
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 384.10 <b>Transaction ID : D550467</b>
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 568.20 <b>Transaction ID : D550561</b>
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1583.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 67	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A. US Airways**

Full Name (Last, First, Middle Initial)  
Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 08 / 2014

Amount of Each Disbursement this Period: 630.20

Transaction ID : D550541

**B. Voncier Alexander**

Full Name (Last, First, Middle Initial)  
Mailing Address 1924 Broward Rd

City Jacksonville State FL Zip Code 32218

Purpose of Disbursement Campaign Consulting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 13 / 2014

Amount of Each Disbursement this Period: 2000.00

Transaction ID : D550350

**c. Voncier Alexander**

Full Name (Last, First, Middle Initial)  
Mailing Address 1924 Broward Rd

City Jacksonville State FL Zip Code 32218

Purpose of Disbursement Campaign Consultant Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 27 / 2014

Amount of Each Disbursement this Period: 900.00

Transaction ID : D550335

**SUBTOTAL** of Disbursements This Page (optional) ..... 3530.20

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 67		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address PO Box 563966		Amount of Each Disbursement this Period 72.04 <b>Transaction ID : D550392</b>
City Charlotte	State NC	
Zip Code 28262	Purpose of Disbursement Service Charge	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address PO Box 563966		Amount of Each Disbursement this Period 2.50 <b>Transaction ID : D550465</b>
City Charlotte	State NC	
Zip Code 28262	Purpose of Disbursement Service Charge	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address PO Box 563966		Amount of Each Disbursement this Period 2.50 <b>Transaction ID : D550477</b>
City Charlotte	State NC	
Zip Code 28262	Purpose of Disbursement Service Charge	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	72.04
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address PO Box 563966		Amount of Each Disbursement this Period 3,000.00 Transaction ID : D550510
City Charlotte	State NC	
Zip Code 28262	Purpose of Disbursement Service Charge	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address PO Box 563966		Amount of Each Disbursement this Period 12.11 Transaction ID : D550511
City Charlotte	State NC	
Zip Code 28262	Purpose of Disbursement Service Charge	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address PO Box 563966		Amount of Each Disbursement this Period 3.24 Transaction ID : D550512
City Charlotte	State NC	
Zip Code 28262	Purpose of Disbursement Service Charge	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 67	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address PO Box 563966		Amount of Each Disbursement this Period 79.97
City Charlotte	State NC	
Zip Code 28262	Purpose of Disbursement Service Charge	Transaction ID : D550551
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address PO Box 563966		Amount of Each Disbursement this Period 2.50
City Charlotte	State NC	
Zip Code 28262	Purpose of Disbursement Service Charge	Transaction ID : D550560
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address PO Box 563966		Amount of Each Disbursement this Period 2.50
City Charlotte	State NC	
Zip Code 28262	Purpose of Disbursement Service Charge	Transaction ID : D550565
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	84.97
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 67			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address PO Box 563966		Amount of Each Disbursement this Period 2.50
City Charlotte	State NC	
Zip Code 28262	Purpose of Disbursement Service Charge	Transaction ID : D550596
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address PO Box 563966		Amount of Each Disbursement this Period 2.50
City Charlotte	State NC	
Zip Code 28262	Purpose of Disbursement Service Charge	Transaction ID : D550597
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5.00
<b>TOTAL</b> This Period (last page this line number only).....	103633.32

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Friends of Corrine Brown

Transaction ID : L815

LOAN SOURCE Full Name (Last, First, Middle Initial)  
Corrine Brown

[PERSONAL FUNDS]

Election: 2010

Primary  
 General  
 Other (specify) ▼

Mailing Address  
611 Appian Way West

City State ZIP Code  
Jacksonville FL 32208

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
1500.00 1000.00 500.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 500.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Friends of Corrine Brown

Transaction ID : L1011

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Corrine Brown

**[PERSONAL FUNDS]**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
611 Appian Way West

City State ZIP Code  
Jacksonville FL 32208

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
2000.00 0.00 2000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
11 / 26 / 2012 No Due Date 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 2000.00  
**TOTALS** This Period (last page in this line only)..... 2500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Influential Data</b>		Nature of Debt (Purpose): Voter Outreach Calling Services
Mailing Address 12121 Wilshire Blvd Suite 750		
City State	Zip Code	
Los Angeles	CA 90025	

Outstanding Balance Beginning This Period	<b>Transaction ID : D472903</b>	
<input type="text" value="4105.44"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4105.44"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Lee Lewis Media Management</b>		Nature of Debt (Purpose): Printing and Direct Mail Services
Mailing Address 5300 Memorial Dr		
City State	Zip Code	
Stone Mountain	GA 30083	

Outstanding Balance Beginning This Period	<b>Transaction ID : D365767</b>	
<input type="text" value="5000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="5000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Lee Lewis Media Management</b>		Nature of Debt (Purpose): Magazine Copies
Mailing Address 5300 Memorial Dr		
City	State	Zip Code
Stone Mountain	GA	30083

Outstanding Balance Beginning This Period	<b>Transaction ID : D365770</b>	
<input type="text" value="1500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1500.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="10605.44"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 67 OF 67
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Main Street Communications</b>	Nature of Debt (Purpose): Communications Consulting Services
Mailing Address 1300 NE 94th St	
City State Zip Code Miami Shores FL 33138	

Outstanding Balance Beginning This Period 6450.00	<b>Transaction ID : D472904</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6450.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Sandler, Reiff, Young &amp; Lamb PC</b>	Nature of Debt (Purpose): Legal Services
Mailing Address 1025 Vermont Ave NW Ste 300	
City State Zip Code Washington DC 20005-6302	

Outstanding Balance Beginning This Period 120.00	<b>Transaction ID : D488834</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 120.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	6570.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	17175.44
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	2500.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	19675.44