

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))....	39489.90	102563.18
(b) Total Contribution Refunds (from Line 20(d))	1700.00	1700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	37789.90	100863.18
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	53747.90	121543.74
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1315.57
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	53747.90	120228.17
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-44.74	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	21819.69	

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: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12600.00	45300.00
(ii) Unitemized.....	2139.90	6013.18
(iii) TOTAL of contributions from individuals ▶	14739.90	51313.18
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	24750.00	51250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	39489.90	102563.18
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	1315.57
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	39489.90	105878.75

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	53747.90	121543.74
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	1700.00	1700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1700.00	1700.00
21. OTHER DISBURSEMENTS	1932.75	4529.75
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	57380.65	127773.49

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	17846.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	39489.90
25. SUBTOTAL (add Line 23 and Line 24).....	57335.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	57380.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-44.74

**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 64
	<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)
William Clyburn Jr

Mailing Address 7819 12th Street, NW

City Washington State DC Zip Code 20012

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

Name of Employer Self Employed Occupation Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2013

Transaction ID : C8853206

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Billy M Cooke

Mailing Address 22410 N Rebecca Burwell Ln

City Katy State TX Zip Code 77449-2909

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

Name of Employer Klotz Associates Occupation Executive Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 26 / 2013

Transaction ID : C8841256

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Stanley Golston

Mailing Address 122 Scott St

City San Francisco State CA Zip Code 94117

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

Name of Employer AT&T Occupation Senior Specialist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2013

Transaction ID : C8971227

Amount of Each Receipt this Period
150.00

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

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

900.00

**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 64
	<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)
Benjamin L Hall III

Mailing Address 11607 Arrowwood Cir

City Houston	State TX	Zip Code 77063-1401
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FEC ID number of contributing federal political committee. **C**

Name of Employer The Hall Law Firm	Occupation Attorney
---------------------------------------	------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 26 / 2013

Transaction ID : C8841247

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Bretrand F Jones

Mailing Address 9232 Sand Creek Ct

City Burke	State VA	Zip Code 22015
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FEC ID number of contributing federal political committee. **C**

Name of Employer Supreme Solutions Inc	Occupation President
---	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2013

Transaction ID : C8853207

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Al Kashani

Mailing Address PO Box 20214

City Houston	State TX	Zip Code 77225-0214
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FEC ID number of contributing federal political committee. **C**

Name of Employer Horizon Group Intl.	Occupation General Contractor
---	----------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 26 / 2013

Transaction ID : C8848804

Amount of Each Receipt this Period
1000.00

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

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

3500.00

**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 64
	<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)
Andrea R Logans

Mailing Address 3505 Sage Rd
Unit 403

City Houston State TX Zip Code 77056-7030

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

Name of Employer Access Data Supply Inc. Occupation 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 Y Y
 04 / 26 / 2013

Transaction ID : C8848808

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Carrin F Patman

Mailing Address 711 Louisiana St
Ste 2300

City Houston State TX Zip Code 77002-2770

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

Name of Employer Bracewell & Giuliani LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2013

Transaction ID : C8841253

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Picerne Development Corp

Mailing Address 247 N. Westmonte Drive

City Altamonte Springs State FL Zip Code 32714

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2013

Transaction ID : C8853215

Amount of Each Receipt this Period
1700.00

Contribution Refunded on 06/30/2013

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

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

3700.00

**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 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. Full Name (Last, First, Middle Initial)
John D. Raffaelli

Mailing Address 700 13th Street, NW, Suite 200

City Washington State DC Zip Code 20005

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

Name of Employer Capitol Counsel Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2013

Transaction ID : C8847965

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Gregg T Reyes

Mailing Address 26 Hedwig Cir

City Houston State TX Zip Code 77024-4519

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

Name of Employer CoastalWater Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 26 / 2013

Transaction ID : C8848807

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Michael J. Ward

Mailing Address 1908 River Rd

City Jacksonville State FL Zip Code 32207

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

Name of Employer CSX Corporation Occupation Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2013

Transaction ID : C8853223

Amount of Each Receipt this Period
 2500.00

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 9 OF 64
	<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)
Gerald W Womack

Mailing Address 4412 Almeda Rd

City Houston State TX Zip Code 77004-4902

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

Name of Employer **WOMACK DEVELOPMENT & INVESTMENT** Occupation **PRESIDENT & CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 26 / 2013

Transaction ID : C8848805

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ravi Raj Yanamandala

Mailing Address 2504 Bayfront Dr

City Pearland State TX Zip Code 77584-4312

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

Name of Employer **Geotest Engineering, Inc.** Occupation **President**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 26 / 2013

Transaction ID : C8841257

Amount of Each Receipt this Period
250.00

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 Y Y

Amount of Each Receipt this Period

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

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

500.00

12600.00

**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 10 OF 64
	<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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2013

Transaction ID : C8971230

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 10 / 2013

Transaction ID : C8715462

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
AL GREEN FOR CONGRESS

Mailing Address POST OFFICE BOX 20174

City HOUSTON State TX Zip Code 77225

FEC ID number of contributing federal political committee. **C C00396028**

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
 04 / 26 / 2013

Transaction ID : C8841249

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 11 OF 64
	<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)
ANDREWS & KURTH FEDERAL PAC

Mailing Address 600 TRAVIS SUITE 4200

City HOUSTON State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C** C00089540

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
 04 / 26 / 2013

Transaction ID : C8841251

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
AT&T Inc, Federal PAC

Mailing Address 208 S Akard St Ste 2701

City Dallas State TX Zip Code 75202-4206

FEC ID number of contributing federal political committee. **C** C00109017

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
 04 / 30 / 2013

Transaction ID : C8809399

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
AT&T Inc, Federal PAC

Mailing Address 208 S Akard St Ste 2701

City Dallas State TX Zip Code 75202-4206

FEC ID number of contributing federal political committee. **C** C00109017

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
 05 / 28 / 2013

Transaction ID : C8853211

Amount of Each Receipt this Period
 1000.00

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

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

2250.00

**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 64
	<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)
BALCH AND BINGHAM LLP FEDERAL POLITICAL COMMITTEE

Mailing Address 1710 SIXTH AVENUE NORTH

City State Zip Code
BIRMINGHAM AL 35203

FEC ID number of contributing federal political committee. **C C00358440**

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
04 / 02 / 2013

Transaction ID : C8850759

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Bth'd of Locomotive Engineers & Trainmen PAC

Mailing Address 1370 Ontario St

City State Zip Code
Cleveland OH 44113

FEC ID number of contributing federal political committee. **C C00099234**

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
05 / 28 / 2013

Transaction ID : C8853212

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Comcast Corporation PAC

Mailing Address 1701 John F Kennedy Blvd
FI 49

City State Zip Code
Philadelphia PA 19103-2855

FEC ID number of contributing federal political committee. **C C00248716**

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
06 / 03 / 2013

Transaction ID : C8853205

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 13 OF 64
	<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)
D.R.I.V.E. - Democrat, Republican, Independent Voter Education

Mailing Address 25 Louisiana Ave NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00032979**

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
06 / 10 / 2013

Transaction ID : C8971224

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1125 17th St NW

City Washington State DC Zip Code 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
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 27 / 2013

Transaction ID : C8971226

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Hogan & Lovells PAC

Mailing Address 555 13th St NW 8th FL

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00261339**

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
05 / 28 / 2013

Transaction ID : C8853213

Amount of Each Receipt this Period
1000.00

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

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

7000.00

**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 64
	<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. National Tank Truck Carriers Inc PAC

Full Name (Last, First, Middle Initial)
National Tank Truck Carriers Inc PAC

Mailing Address 950 N Glebe Rd
Ste 520

City Arlington State VA Zip Code 22203-4183

FEC ID number of contributing federal political committee. **C** C00188011

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
05 / 28 / 2013

Transaction ID : C8853208

Amount of Each Receipt this Period
500.00

B. Parsons Corporation PAC

Full Name (Last, First, Middle Initial)
Parsons Corporation PAC

Mailing Address 100 W Walnut St
T-1110

City Pasadena State CA Zip Code 91124

FEC ID number of contributing federal political committee. **C** C00103549

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
05 / 28 / 2013

Transaction ID : C8853210

Amount of Each Receipt this Period
1000.00

C. Seafarers Political Activity Donation

Full Name (Last, First, Middle Initial)
Seafarers Political Activity Donation

Mailing Address 5201 Auth Way

City Camp Springs State MD Zip Code 20746

FEC ID number of contributing federal political committee. **C** C00004325

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
04 / 26 / 2013

Transaction ID : C8841258

Amount of Each Receipt this Period
1000.00

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

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

2500.00

**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 64
	<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)
Shelia Jackson Lee Campaign Committee

Mailing Address 4412 Almeda Rd

City Houston State TX Zip Code 77004-4902

FEC ID number of contributing federal political committee. **C** c00287904

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 Y
 05 / 02 / 2013

Transaction ID : C8809401

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
The American Pilots' Association Inc. PAC

Mailing Address 499 S. Capitol St. SW Suite 409

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00041061

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 Y
 06 / 03 / 2013

Transaction ID : C8853204

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Transportation Trades Dept., AFL-CIO PAC

Mailing Address 888 16th St NW Suite 650

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00280909

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 Y
 05 / 28 / 2013

Transaction ID : C8853214

Amount of Each Receipt this Period
 500.00

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

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

2000.00

**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 16 OF 64
	<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)
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 Y
 05 / 28 / 2013

Transaction ID : C8853209

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
United Transportation Union PAC

Mailing Address 24950 Country Club Blvd Ste 340

City North Olmstead State OH Zip Code 44070

FEC ID number of contributing federal political committee. **C** C00001636

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 Y
 06 / 06 / 2013

Transaction ID : C8971218

Amount of Each Receipt this Period
 2500.00

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 Y

Amount of Each Receipt this Period

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

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

3500.00

24750.00

**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 17 OF 64			
	<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. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address 50 Massachusetts Ave.NE Union Station		Amount of Each Disbursement this Period 164.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Travel	Transaction ID : D509190
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. AT&T		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2013
Mailing Address PO Box 70529		Amount of Each Disbursement this Period 252.51
City Charlotte	State NC	
Zip Code 28272	Purpose of Disbursement Telephone Services	Transaction ID : D509130
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) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2013
Mailing Address PO Box 70529		Amount of Each Disbursement this Period 354.60
City Charlotte	State NC	
Zip Code 28272	Purpose of Disbursement Telephone Services	Transaction ID : D501952
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:		

SUBTOTAL of Disbursements This Page (optional).....	771.11
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 18 OF 64			
	<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. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2013
Mailing Address PO Box 70529		Amount of Each Disbursement this Period 252.87
City Charlotte	State NC	
Zip Code 28272	Purpose of Disbursement Telephone Services	Transaction ID : D504194
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. Austin's Soulfood		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013
Mailing Address 5325 N Main St		Amount of Each Disbursement this Period 284.83
City Jacksonville	State FL	
Zip Code 32208-5323	Purpose of Disbursement Food/Beverages	Transaction ID : D489326
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) C. Austin's Soulfood		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2013
Mailing Address 5325 N Main St		Amount of Each Disbursement this Period 71.69
City Jacksonville	State FL	
Zip Code 32208-5323	Purpose of Disbursement Food/Beverages	Transaction ID : D501837
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:		

SUBTOTAL of Disbursements This Page (optional).....	609.39
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 19 OF 64			
	<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. James Calvin		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2013
Mailing Address 6227 Pettiford Dr		Amount of Each Disbursement this Period 155.50 Transaction ID : D501864
City Jacksonville State FL Zip Code 32209	Purpose of Disbursement Temporary Office Worker	
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. James Calvin		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2013
Mailing Address 6227 Pettiford Dr		Amount of Each Disbursement this Period 200.00 Transaction ID : D501865
City Jacksonville State FL Zip Code 32209	Purpose of Disbursement Temporary Office Worker	
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) C. James Calvin		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2013
Mailing Address 6227 Pettiford Dr		Amount of Each Disbursement this Period 300.00 Transaction ID : D504199
City Jacksonville State FL Zip Code 32209	Purpose of Disbursement Temporary Office Worker	
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:		

SUBTOTAL of Disbursements This Page (optional).....	655.50
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 20 OF 64			
	<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. James Calvin		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2013
Mailing Address 6227 Pettiford Dr		Amount of Each Disbursement this Period 198.50 Transaction ID : D504187
City Jacksonville State FL Zip Code 32209	Purpose of Disbursement Temporary Office Worker	
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. James Calvin		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2013
Mailing Address 6227 Pettiford Dr		Amount of Each Disbursement this Period 300.00 Transaction ID : D508960
City Jacksonville State FL Zip Code 32209	Purpose of Disbursement Temporary Office Worker	
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) C. James Calvin		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2013
Mailing Address 6227 Pettiford Dr		Amount of Each Disbursement this Period 191.25 Transaction ID : D508943
City Jacksonville State FL Zip Code 32209	Purpose of Disbursement Temporary Office Worker	
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:		

SUBTOTAL of Disbursements This Page (optional).....	689.75
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 21 OF 64			
	<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. William Cherry		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address		Amount of Each Disbursement this Period 400.00 Transaction ID : D503649
City	State Zip Code	
Purpose of Disbursement 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. Comfort Suites		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2013
Mailing Address 541 Warrenton Rd		Amount of Each Disbursement this Period 2148.39 Transaction ID : D504202
City	State Zip Code	
Fredericksburg VA 22406		
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) C. David Andrukitis, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2013
Mailing Address 50 E St SE		Amount of Each Disbursement this Period 418.70 Transaction ID : D504206
City	State Zip Code	
Washington DC 20003-2620		
Purpose of Disbursement Printing	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:		

SUBTOTAL of Disbursements This Page (optional).....	2967.09
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 22 OF 64			
	<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. Shamca Davis			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013		
Mailing Address 3427 N Ridge Rd			Amount of Each Disbursement this Period 200.00		
City Tallahassee	State FL	Zip Code 32305	Transaction ID : D501871		
Purpose of Disbursement Temporary Office Worker		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. Shamca Davis			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2013		
Mailing Address 3427 N Ridge Rd			Amount of Each Disbursement this Period 100.00		
City Tallahassee	State FL	Zip Code 32305	Transaction ID : D501872		
Purpose of Disbursement Temporary Office Worker		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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) c. DCS Congressional LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2013		
Mailing Address 600 Pennsylvania Ave SE Ste 200			Amount of Each Disbursement this Period 250.00		
City Washington	State DC	Zip Code 20003	Transaction ID : D504205		
Purpose of Disbursement Website Services		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	550.00
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 23 OF 64			
	<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. Del Frisco's		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address 729 Lee Rd		Amount of Each Disbursement this Period 297.26 Transaction ID : D501827
City Orlando	State FL Zip Code 32810	
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. Doubletree Hotel		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2013
Mailing Address 9336 Civic Center Dr		Amount of Each Disbursement this Period 340.47 Transaction ID : D503650
City Beverly Hills	State CA Zip Code 90210	
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) c. Edible Arrangements		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2013
Mailing Address 11776 E Colonial Dr		Amount of Each Disbursement this Period 97.37 Transaction ID : D505072
City Orlando	State FL Zip Code 32817	
Purpose of Disbursement Flowers	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:		

SUBTOTAL of Disbursements This Page (optional).....	735.10
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 24 OF 64			
	<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. Edible Arrangements		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013
Mailing Address 11776 E Colonial Dr		Amount of Each Disbursement this Period 108.06
City Orlando	State FL Zip Code 32817	
Purpose of Disbursement Flowers	Candidate Name	Transaction ID : D505073
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. Edible Arrangements		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2013
Mailing Address 11776 E Colonial Dr		Amount of Each Disbursement this Period 119.78
City Orlando	State FL Zip Code 32817	
Purpose of Disbursement Flowers	Candidate Name	Transaction ID : D505074
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Edible Arrangements		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2013
Mailing Address 11776 E Colonial Dr		Amount of Each Disbursement this Period 69.51
City Orlando	State FL Zip Code 32817	
Purpose of Disbursement Flowers	Candidate Name	Transaction ID : D501835
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	297.35
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 25 OF 64	
	<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. Edible Arrangements		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2013
Mailing Address 11776 E Colonial Dr		Amount of Each Disbursement this Period 80.90 Transaction ID : D501836
City Orlando State FL Zip Code 32817	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:		

Full Name (Last, First, Middle Initial) B. Edible Arrangements		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2013
Mailing Address 11776 E Colonial Dr		Amount of Each Disbursement this Period 100.51 Transaction ID : D508946
City Orlando State FL Zip Code 32817	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:		

Full Name (Last, First, Middle Initial) c. Embassy Suite Hotels		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address 755 Crossover Lane		Amount of Each Disbursement this Period 204.24 Transaction ID : D501823
City Memphis State TN Zip Code 38117	Purpose of Disbursement Lodging	
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:		

SUBTOTAL of Disbursements This Page (optional).....	385.65
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 26 OF 64		
	<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. Embassy Suite Hotels		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address 755 Crossover Lane		Amount of Each Disbursement this Period 204.24 Transaction ID : D501824
City Memphis	State TN	
Zip Code 38117	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. Embassy Suite Hotels		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address 755 Crossover Lane		Amount of Each Disbursement this Period 204.24 Transaction ID : D501825
City Memphis	State TN	
Zip Code 38117	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) c. Embassy Suite Hotels		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address 755 Crossover Lane		Amount of Each Disbursement this Period 204.24 Transaction ID : D501826
City Memphis	State TN	
Zip Code 38117	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:	

SUBTOTAL of Disbursements This Page (optional).....	612.72
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 27 OF 64			
	<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. Evans & Katz LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2013
Mailing Address 1831 Bay St SE			Amount of Each Disbursement this Period 3176.20 Transaction ID : D501862
City Washington	State DC	Zip Code 20003	
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. Evans & Katz LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2013
Mailing Address 1831 Bay St SE			Amount of Each Disbursement this Period 2035.48 Transaction ID : D501958
City Washington	State DC	Zip Code 20003	
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) C. Evans & Katz LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2013
Mailing Address 1831 Bay St SE			Amount of Each Disbursement this Period 1036.61 Transaction ID : D504185
City Washington	State DC	Zip Code 20003	
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:	

SUBTOTAL of Disbursements This Page (optional).....	6248.29
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 28 OF 64			
	<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. Flowers Express		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2013
Mailing Address 2504 N Main St		Amount of Each Disbursement this Period 119.66 Transaction ID : D508947
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:		

Full Name (Last, First, Middle Initial) B. Fontainebleau Hotel		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2013
Mailing Address 4441 Collins Avenue		Amount of Each Disbursement this Period 258.77 Transaction ID : D501833
City Miami Beach State FL Zip Code 33140	Purpose of Disbursement Lodging	
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) C. Fontainebleau Hotel		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2013
Mailing Address 4441 Collins Avenue		Amount of Each Disbursement this Period 258.77 Transaction ID : D501834
City Miami Beach State FL Zip Code 33140	Purpose of Disbursement Lodging	
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:		

SUBTOTAL of Disbursements This Page (optional).....	637.20
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 29 OF 64	
	<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. Frankie & Johnny Steakhouse		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address 269 W 45th St		Amount of Each Disbursement this Period 157.98
City New York	State NY	
Zip Code 10036-3902	Purpose of Disbursement Food/Beverages	Transaction ID : D509192
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. Frankie & Johnny Steakhouse		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address 269 W 45th St		Amount of Each Disbursement this Period 234.75
City New York	State NY	
Zip Code 10036-3902	Purpose of Disbursement Food/Beverages	Transaction ID : D509193
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) c. Fuji Yama		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2013
Mailing Address 13141 City Station Dr		Amount of Each Disbursement this Period 141.75
City Jacksonville	State FL	
Zip Code 32218	Purpose of Disbursement Food/Beverages	Transaction ID : D509182
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:		

SUBTOTAL of Disbursements This Page (optional).....	534.48
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 30 OF 64			
	<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. Grand Hyatt Washington Hotel		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2013
Mailing Address 1000 H. Street, NW		Amount of Each Disbursement this Period 2690.76
City Washington State DC Zip Code 20001	Purpose of Disbursement Catering Services	
Candidate Name	Category/Type	Transaction ID : D509181
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. Hanna Hunt		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2013
Mailing Address 421 New Jersey Ave SE		Amount of Each Disbursement this Period 3300.00
City Washington State DC Zip Code 20003-4007	Purpose of Disbursement Fundraising Consulting Services	
Candidate Name	Category/Type	Transaction ID : D501863
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) C. Hanna Hunt		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2013
Mailing Address 421 New Jersey Ave SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003-4007	Purpose of Disbursement Fundraising Consulting Services	
Candidate Name	Category/Type	Transaction ID : D504184
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:		

SUBTOTAL of Disbursements This Page (optional).....	6990.76
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 31 OF 64			
	<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. Hilton Worldwide		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2013
Mailing Address 7930 Jones Branch Dr		Amount of Each Disbursement this Period 128.76
City McLean	State VA	
Zip Code 22102-3313	Purpose of Disbursement Lodging	Transaction ID : D505083
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. Hilton Worldwide		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2013
Mailing Address 7930 Jones Branch Dr		Amount of Each Disbursement this Period 111.00
City McLean	State VA	
Zip Code 22102-3313	Purpose of Disbursement Lodging	Transaction ID : D505084
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) C. Hilton Worldwide		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2013
Mailing Address 7930 Jones Branch Dr		Amount of Each Disbursement this Period 396.29
City McLean	State VA	
Zip Code 22102-3313	Purpose of Disbursement Lodging	Transaction ID : D509158
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:		

SUBTOTAL of Disbursements This Page (optional).....	636.05
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 32 OF 64			
	<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. Hilton Worldwide		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2013
Mailing Address 7930 Jones Branch Dr		Amount of Each Disbursement this Period 599.25
City McLean	State VA	
Zip Code 22102-3313	Purpose of Disbursement Lodging	Transaction ID : D509160
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. Hilton Worldwide		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2013
Mailing Address 7930 Jones Branch Dr		Amount of Each Disbursement this Period 667.71
City McLean	State VA	
Zip Code 22102-3313	Purpose of Disbursement Lodging	Transaction ID : D509161
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) C. Hilton Worldwide		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2013
Mailing Address 7930 Jones Branch Dr		Amount of Each Disbursement this Period 890.28
City McLean	State VA	
Zip Code 22102-3313	Purpose of Disbursement Lodging	Transaction ID : D509162
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:		

SUBTOTAL of Disbursements This Page (optional).....	2157.28
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 33 OF 64		
	<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. Hollywood Theaters		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2013
Mailing Address 128 E Forsyth Ave		Amount of Each Disbursement this Period 2.00 Transaction ID : D501857
City Jacksonville State FL Zip Code 32202	Purpose of Disbursement Tickets for Supporters	
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. Hollywood Theaters		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2013
Mailing Address 128 E Forsyth Ave		Amount of Each Disbursement this Period 483.00 Transaction ID : D501858
City Jacksonville State FL Zip Code 32202	Purpose of Disbursement Tickets for Supporters	
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) c. Jenny's Asian Fusion		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2013
Mailing Address 1000 Water St SW		Amount of Each Disbursement this Period 93.83 Transaction ID : D505077
City Washington State DC Zip Code 20024	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	578.83
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 64			
	<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. Main Street Communications		Date of Disbursement MM / DD / YYYY 05 / 07 / 2013
Mailing Address 442 New Jersey Avenue SE Suite 200		Amount of Each Disbursement this Period 1950.00 Transaction ID : D504192
City Washington State DC Zip Code 20003	Purpose of Disbursement Media Consulting	
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. Shirley Meeks		Date of Disbursement MM / DD / YYYY 05 / 17 / 2013
Mailing Address 8967 Camshire Dr		Amount of Each Disbursement this Period 400.00 Transaction ID : D504201
City Jacksonville State FL Zip Code 32244	Purpose of Disbursement Temporary Office Worker	
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) c. Shirley Meeks		Date of Disbursement MM / DD / YYYY 05 / 23 / 2013
Mailing Address 8967 Camshire Dr		Amount of Each Disbursement this Period 355.75 Transaction ID : D504188
City Jacksonville State FL Zip Code 32244	Purpose of Disbursement Temporary Office Worker	
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:		

SUBTOTAL of Disbursements This Page (optional).....	2705.75
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 35 OF 64			
	<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. Shirley Meeks		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2013
Mailing Address 8967 Camshire Dr		Amount of Each Disbursement this Period 300.00 Transaction ID : D501866
City Jacksonville	State FL Zip Code 32244	
Purpose of Disbursement Temporary Office Worker		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. Shirley Meeks		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2013
Mailing Address 8967 Camshire Dr		Amount of Each Disbursement this Period 332.86 Transaction ID : D489322
City Jacksonville	State FL Zip Code 32244	
Purpose of Disbursement Temporary Office Worker		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) c. Shirley Meeks		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2013
Mailing Address 8967 Camshire Dr		Amount of Each Disbursement this Period 300.00 Transaction ID : D508961
City Jacksonville	State FL Zip Code 32244	
Purpose of Disbursement Temporary Office Worker		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:		

SUBTOTAL of Disbursements This Page (optional).....	932.86
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 36 OF 64			
	<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. Shirley Meeks		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2013
Mailing Address 8967 Camshire Dr		Amount of Each Disbursement this Period 300.00 Transaction ID : D508944
City Jacksonville	State FL Zip Code 32244	
Purpose of Disbursement Temporary Office Worker	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. Mila's Catering Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2013
Mailing Address 1720 Lanier PI NW		Amount of Each Disbursement this Period 985.00 Transaction ID : D504195
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Moneris Solutons Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2013
Mailing Address PO Box 1479		Amount of Each Disbursement this Period 35.00 Transaction ID : D501841
City Eureka	State CA Zip Code 95502	
Purpose of Disbursement Credit Card Processing Fees	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:		

SUBTOTAL of Disbursements This Page (optional).....	1320.00
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 37 OF 64			
	<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. Moneris Solutons Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2013
Mailing Address PO Box 1479		Amount of Each Disbursement this Period 35.00 Transaction ID : D505103
City Eureka	State CA	
Zip Code 95502	Purpose of Disbursement Credit Card Processing Fees	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. Moneris Solutons Inc		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2013
Mailing Address PO Box 1479		Amount of Each Disbursement this Period 35.00 Transaction ID : D509187
City Eureka	State CA	
Zip Code 95502	Purpose of Disbursement Credit Card Processing Fees	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) C. Morton's of Arlington		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2013
Mailing Address 1750 Crystal Dr.		Amount of Each Disbursement this Period 511.34 Transaction ID : D501832
City Arlington	State VA	
Zip Code 22202	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	581.34
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 38 OF 64			
	<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. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2013
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 935.02 Transaction ID : D504204
City Washington	State DC	
Zip Code 20003-4006	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. NGP VAN, Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2013
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 2700.00 Transaction ID : D504186
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) C. Norton Software		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2013
Mailing Address 4115 Blackhawk Plaza Cir Ste 100		Amount of Each Disbursement this Period 172.98 Transaction ID : D505144
City Danville	State CA	
Zip Code 94506-4616	Purpose of Disbursement Computer Security Software	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:	

SUBTOTAL of Disbursements This Page (optional).....	3808.00
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 39 OF 64			
	<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. Norton Software		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2013
Mailing Address 4115 Blackhawk Plaza Cir Ste 100		Amount of Each Disbursement this Period 79.99
City Danville	State CA	
Zip Code 94506-4616	Purpose of Disbursement Security Software Renewal	Transaction ID : D505145
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. Patton Boggs LLP		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2013
Mailing Address 2550 M St NW		Amount of Each Disbursement this Period 200.00
City Washington	State DC	
Zip Code 20037	Purpose of Disbursement Facility Rental	Transaction ID : D504196
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) c. PF Chang's		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 16281 Midtown Parkway		Amount of Each Disbursement this Period 112.29
City Jacksonville	State FL	
Zip Code 32246	Purpose of Disbursement Food/Beverages	Transaction ID : D501847
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:		

SUBTOTAL of Disbursements This Page (optional).....	392.28
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 64			
	<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. PNC Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2013
Mailing Address 1 PNC Plaza		Amount of Each Disbursement this Period 25.90
City Pittsburgh	State PA	
Zip Code 15265	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : D501844
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. PNC Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2013
Mailing Address 1 PNC Plaza		Amount of Each Disbursement this Period 0.03
City Pittsburgh	State PA	
Zip Code 15265	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : D501845
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) C. PNC Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2013
Mailing Address 1 PNC Plaza		Amount of Each Disbursement this Period 0.30
City Pittsburgh	State PA	
Zip Code 15265	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : D501846
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:		

SUBTOTAL of Disbursements This Page (optional).....	26.23
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 41 OF 64			
	<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. PNC Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2013
Mailing Address 1 PNC Plaza		Amount of Each Disbursement this Period 37.00
City Pittsburgh	State PA	
Zip Code 15265	Purpose of Disbursement Service Charge	Transaction ID : D505099
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. PNC Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2013
Mailing Address 1 PNC Plaza		Amount of Each Disbursement this Period 15.90
City Pittsburgh	State PA	
Zip Code 15265	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : D505101
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) C. PNC Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2013
Mailing Address 1 PNC Plaza		Amount of Each Disbursement this Period 29.05
City Pittsburgh	State PA	
Zip Code 15265	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : D509188
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:		

SUBTOTAL of Disbursements This Page (optional).....	81.95
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 42 OF 64			
	<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. PNC Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2013
Mailing Address 1 PNC Plaza		Amount of Each Disbursement this Period 5.10
City Pittsburgh	State PA Zip Code 15265	
Purpose of Disbursement Credit Card Processing Fees	Category/Type	Transaction ID : D509189
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. Regal River City		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2013
Mailing Address 12884 City Center Blvd		Amount of Each Disbursement this Period 700.00
City Jacksonville	State FL Zip Code 32218-7216	
Purpose of Disbursement Facility Rental for Event	Category/Type	Transaction ID : D505154
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) c. Regal River City		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013
Mailing Address 12884 City Center Blvd		Amount of Each Disbursement this Period 558.00
City Jacksonville	State FL Zip Code 32218-7216	
Purpose of Disbursement Facility Rental for Event	Category/Type	Transaction ID : D505155
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:		

SUBTOTAL of Disbursements This Page (optional).....	1263.10
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 43 OF 64			
	<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. Sam's Club		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2013
Mailing Address 2101 SE Simple Savings Dr		Amount of Each Disbursement this Period 300.00 Transaction ID : D505090
City Bentonville	State AR Zip Code 72712-4304	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sandler, Reiff, Young & Lamb PC		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2013
Mailing Address 1025 Vermont Ave NW Ste 300		Amount of Each Disbursement this Period 720.00 Transaction ID : D501957
City Washington	State DC Zip Code 20005-6302	
Purpose of Disbursement Legal 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) c. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2013
Mailing Address 910 Louisiana St		Amount of Each Disbursement this Period 30.12 Transaction ID : D509171
City Houston	State TX Zip Code 77252	
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:		

SUBTOTAL of Disbursements This Page (optional).....	1050.12
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 44 OF 64			
	<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. Gloria Simmons		Date of Disbursement MM / DD / YYYY 06 / 18 / 2013
Mailing Address 11607 Longwood Key Dr W		Amount of Each Disbursement this Period 200.00 Transaction ID : D509204
City Jacksonville	State FL	
Zip Code 32218-3479	Purpose of Disbursement Fundraising Consulting 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. Gloria Simmons		Date of Disbursement MM / DD / YYYY 06 / 06 / 2013
Mailing Address 11607 Longwood Key Dr W		Amount of Each Disbursement this Period 168.75 Transaction ID : D508945
City Jacksonville	State FL	
Zip Code 32218-3479	Purpose of Disbursement Fundraising Consulting 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) C. Gloria Simmons		Date of Disbursement MM / DD / YYYY 06 / 18 / 2013
Mailing Address 11607 Longwood Key Dr W		Amount of Each Disbursement this Period 390.50 Transaction ID : D508962
City Jacksonville	State FL	
Zip Code 32218-3479	Purpose of Disbursement Fundraising Consulting 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:	

SUBTOTAL of Disbursements This Page (optional).....	759.25
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 45 OF 64			
	<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. Gloria Simmons		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2013
Mailing Address 11607 Longwood Key Dr W		Amount of Each Disbursement this Period 340.75 Transaction ID : D501867
City Jacksonville	State FL	
Zip Code 32218-3479	Purpose of Disbursement Fundraising Consulting 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. Gloria Simmons		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2013
Mailing Address 11607 Longwood Key Dr W		Amount of Each Disbursement this Period 360.00 Transaction ID : D501868
City Jacksonville	State FL	
Zip Code 32218-3479	Purpose of Disbursement Fundraising Consulting 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) c. Gloria Simmons		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2013
Mailing Address 11607 Longwood Key Dr W		Amount of Each Disbursement this Period 457.00 Transaction ID : D504200
City Jacksonville	State FL	
Zip Code 32218-3479	Purpose of Disbursement Fundraising Consulting 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:	

SUBTOTAL of Disbursements This Page (optional).....	1157.75
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 46 OF 64			
	<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. Gloria Simmons		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2013
Mailing Address 11607 Longwood Key Dr W		Amount of Each Disbursement this Period 300.00 Transaction ID : D504189
City Jacksonville	State FL Zip Code 32218-3479	
Purpose of Disbursement Fundraising Consulting 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. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2013
Mailing Address 2702 Love Field Dr		Amount of Each Disbursement this Period 386.90 Transaction ID : D505136
City Dallas	State TX Zip Code 75235-1908	
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) c. Springhill Suites		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address 25 W 37th St		Amount of Each Disbursement this Period 199.00 Transaction ID : D509166
City New York	State NY Zip Code 10018-6224	
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:		

SUBTOTAL of Disbursements This Page (optional).....	885.90
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 47 OF 64			
	<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. Springhill Suites			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address 25 W 37th St			Amount of Each Disbursement this Period 61.26
City New York	State NY	Zip Code 10018-6224	
Purpose of Disbursement Lodging		Category/ Type	Transaction ID : D509167
Candidate Name			
Office Sought:	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. St. John's Knits			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2013
Mailing Address 17622 Armstrong Ave			Amount of Each Disbursement this Period 540.70
City Irvine	State CA	Zip Code 92614-5728	
Purpose of Disbursement Gifts for Supporters		Category/ Type	Transaction ID : D509156
Candidate Name			
Office Sought:	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) c. Stephen Sondheim Theatre			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address 124 W 43rd St			Amount of Each Disbursement this Period 318.00
City New York	State NY	Zip Code 10036-6503	
Purpose of Disbursement Theatre Tickets		Category/ Type	Transaction ID : D509198
Candidate Name			
Office Sought:	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:		

SUBTOTAL of Disbursements This Page (optional).....	919.96
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 48 OF 64			
	<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. Sugar Catering Co		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2013
Mailing Address 1803 W Virginia Ave NE		Amount of Each Disbursement this Period 204.00 Transaction ID : D504197
City Washington State DC Zip Code 20002	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Alexander Agency		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2013
Mailing Address 1924 Broward Rd		Amount of Each Disbursement this Period 1420.00 Transaction ID : D504190
City Jacksonville State FL Zip Code 32218	Purpose of Disbursement Fundraising Consulting 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) c. The Alexander Agency		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address 1924 Broward Rd		Amount of Each Disbursement this Period 1200.00 Transaction ID : D501870
City Jacksonville State FL Zip Code 32218	Purpose of Disbursement Fundraising Consulting 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:		

SUBTOTAL of Disbursements This Page (optional).....	2824.00
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 49 OF 64	
	<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. The Central Florida Pharmacy Council		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2013
Mailing Address PO Box 622057		Amount of Each Disbursement this Period 500.00 Transaction ID : D504203
City Oviedo State FL Zip Code 32762	Purpose of Disbursement Booth Rental	
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. The Wharf		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2013
Mailing Address 119 King St		Amount of Each Disbursement this Period 157.31 Transaction ID : D501850
City Alexandria State VA Zip Code 22314	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The Wharf		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2013
Mailing Address 119 King St		Amount of Each Disbursement this Period 92.57 Transaction ID : D508959
City Alexandria State VA Zip Code 22314	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	749.88
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 64			
	<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. U.S. Postal Service			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address 600 Pennsylvania Avenue			Amount of Each Disbursement this Period 270.00 Transaction ID : D508958
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Postage		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. United Airlines			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2013
Mailing Address 20 N. Wacker Dr. Suite 1728			Amount of Each Disbursement this Period 25.00 Transaction ID : D509195
City Chicago	State IL	Zip Code 60606	
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) c. United Airlines			Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2013
Mailing Address 20 N. Wacker Dr. Suite 1728			Amount of Each Disbursement this Period 226.40 Transaction ID : D501855
City Chicago	State IL	Zip Code 60606	
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:			

SUBTOTAL of Disbursements This Page (optional).....	521.40
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 51 OF 64			
	<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. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2013
Mailing Address 20 N. Wacker Dr. Suite 1728		Amount of Each Disbursement this Period 284.90
City Chicago State IL Zip Code 60606	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)	Transaction ID : D501856
State: District:		

Full Name (Last, First, Middle Initial) B. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2013
Mailing Address 1200 Pennsylvania Ave NW		Amount of Each Disbursement this Period 92.00
City Washington State DC Zip Code 20004-2403	Purpose of Disbursement Postage	
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)	Transaction ID : D501869
State: District:		

Full Name (Last, First, Middle Initial) c. US Airways		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2013
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 352.80
City Phoenix State AZ Zip Code 85034-3802	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)	Transaction ID : D509126
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	729.70
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 64		
	<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. US Airways		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2013
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 226.30 Transaction ID : D505127
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. US Airways		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2013
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 226.30 Transaction ID : D505128
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) c. US Airways		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2013
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 315.80 Transaction ID : D505129
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:	

SUBTOTAL of Disbursements This Page (optional).....	768.40
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 53 OF 64	
	<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
M M / D D / Y Y Y Y
05 / 23 / 2013

Amount of Each Disbursement this Period
315.80

Transaction ID : D505130

B. Wells Fargo Bank

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 563966

City Charlotte State NC Zip Code 28262

Purpose of Disbursement
Bank Fees

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
05 / 13 / 2013

Amount of Each Disbursement this Period
60.39

Transaction ID : D505119

c. Wells Fargo Bank

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 563966

City Charlotte State NC Zip Code 28262

Purpose of Disbursement
Bank Fees

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
06 / 11 / 2013

Amount of Each Disbursement this Period
58.39

Transaction ID : D509184

SUBTOTAL of Disbursements This Page (optional)..... 434.58

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 54 OF 64			
	<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. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2013
Mailing Address PO Box 563966		Amount of Each Disbursement this Period 68.51
City Charlotte	State NC	
Zip Code 28262	Purpose of Disbursement Bank Fees	Transaction ID : D501861
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. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2013
Mailing Address PO Box 563966		Amount of Each Disbursement this Period 5.45
City Charlotte	State NC	
Zip Code 28262	Purpose of Disbursement Bank Fees	Transaction ID : D501848
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) c. Wyndham by Riverwalk		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2013
Mailing Address 1515 Prudential Dr		Amount of Each Disbursement this Period 180.80
City Jacksonville	State FL	
Zip Code 32207-8133	Purpose of Disbursement Lodging	Transaction ID : D505140
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:		

SUBTOTAL of Disbursements This Page (optional).....	254.76
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 55 OF 64			
	<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. Wyndham by Riverwalk			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2013
Mailing Address 1515 Prudential Dr			Amount of Each Disbursement this Period 180.80 Transaction ID : D505142
City Jacksonville	State FL	Zip Code 32207-8133	
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. Southwest Airlines			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2013
Mailing Address 2702 Love Field Dr			Amount of Each Disbursement this Period 442.80 Transaction ID : D508957 [MEMO ITEM]
City Dallas	State TX	Zip Code 75235-1908	
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) c. Elias Simmons			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2013
Mailing Address 3563 Carriage Walk Lane			Amount of Each Disbursement this Period 275.60 Transaction ID : D504208
City Laurel	State MD	Zip Code 20724	
Purpose of Disbursement Reimbursement: Artwork Framing		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:			

SUBTOTAL of Disbursements This Page (optional).....	456.40
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 56 OF 64			
	<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. Art & Framing

Mailing Address 2026 P Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement Artwork Framing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 04 / 2013

Amount of Each Disbursement this Period: 275.60

Transaction ID : D508940

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. Corrine Brown

Mailing Address 611 Appian Way West

City Jacksonville State FL Zip Code 32208

Purpose of Disbursement Reimbursement: Computer Equipment

Candidate Name Corrine Brown

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: FL District: 03

Date of Disbursement: 05 / 23 / 2013

Amount of Each Disbursement this Period: 1350.00

Transaction ID : D504210

Full Name (Last, First, Middle Initial)
c. Duval County Public Schools

Mailing Address 1701 Prudential Dr

City Jacksonville State FL Zip Code 32207-8152

Purpose of Disbursement Surplus Computer Equipment

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 23 / 2013

Amount of Each Disbursement this Period: 1350.00

Transaction ID : D509147

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 1350.00

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 57 OF 64			
	<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. Jacqueline B Gray		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2013
Mailing Address 250 Downy Branch Ct		Amount of Each Disbursement this Period 236.52 Transaction ID : D508949
City Jacksonville	State FL Zip Code 32225	
Purpose of Disbursement Reimbursement: Wristbands for Event		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. Phillip Robinson		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2013
Mailing Address 1561 West 25th Street		Amount of Each Disbursement this Period 442.80 Transaction ID : D508956
City Jacksonville	State FL Zip Code 32209	
Purpose of Disbursement Reimbursement: Airfare		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) C.		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		Category/ Type
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional).....	679.32
TOTAL This Period (last page this line number only).....	50709.44

**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 64			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

Full Name (Last, First, Middle Initial) A. Picerne Development Corp		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2013
Mailing Address 247 N. Westmonte Drive		Amount of Each Disbursement this Period 1700.00
City Altamonte Springs	State FL Zip Code 32714	
Purpose of Disbursement Contribution Refund	Candidate Name	Transaction ID : D509610
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.		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	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C.		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	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1700.00
TOTAL This Period (last page this line number only).....	1700.00

**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 59 OF 64
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

Full Name (Last, First, Middle Initial)
A. Conference of Minority Transportation Officers (COMTO)

Mailing Address 12100 Sunset Hills Rd
Ste 130

City Reston State VA Zip Code 20190-3221

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 05 / 10 / 2013

Amount of Each Disbursement this Period: 950.00

Transaction ID : D504207

Full Name (Last, First, Middle Initial)
B. Felecia Hampshire Campaign

Mailing Address 508 Franklin

City Green Cove Springs State FL Zip Code 32043

Purpose of Disbursement Non-Federal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 04 / 09 / 2013

Amount of Each Disbursement this Period: 500.00

Transaction ID : D502031

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... 1450.00

TOTAL This Period (last page this line number only)..... 1450.00

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 PERS FUNDS

[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:
09 / 27 / 2010 M M / D D / 09/27/2012 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**

NAME OF COMMITTEE (In Full) **Friends of Corrine Brown** Transaction ID : L1011

LOAN SOURCE Full Name (Last, First, Middle Initial) Corrine Brown PERS FUNDS	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Evans & Katz LLC

Nature of Debt (Purpose):
Accounting Services

Mailing Address 1831 Bay St SE

City State Zip Code
Washington DC 20003

Outstanding Balance Beginning This Period

Transaction ID : D475053

175.65

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

3000.55

3176.20

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Influential Data

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

Transaction ID : D472903

6249.69

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

6249.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lee Lewis Media Management

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

Transaction ID : D365767

5000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

5000.00

- 1) **SUBTOTALS** This Period This Page (optional) ▶
- 2) **TOTALS** This Period (last page this line number only) ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

11249.69

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 Lee Lewis Media Management		Nature of Debt (Purpose): Magazine Copies
Mailing Address 5300 Memorial Dr		
City State	Zip Code	
Stone Mountain GA	30083	

Outstanding Balance Beginning This Period	Transaction ID : D365770	
<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"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Main Street Communications		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	Transaction ID : D472904	
<input type="text" value="6450.00"/>		
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="6450.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sandler, Reiff, Young & Lamb PC		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	Transaction ID : D479834	
<input type="text" value="720.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="720.00"/>	<input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="7950.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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

NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sandler, Reiff, Young & Lamb PC	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	Transaction ID : D488834	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 120.00

B. 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

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) SUBTOTALS This Period This Page (optional)	120.00
2) TOTALS This Period (last page this line number only)	19319.69
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	2500.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	21819.69