

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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))....	64197.36	433714.48
(b) Total Contribution Refunds (from Line 20(d))	0.00	4427.22
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	64197.36	429287.26
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	85740.96	429910.58
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	85740.96	429910.58
8. Cash on Hand at Close of Reporting Period (from Line 27).....	99638.84	
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).....	70475.44	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Corrine Brown

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

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).....	10647.70	340570.82
(ii) Unitemized.....	549.66	22357.25
(iii) TOTAL of contributions from individuals ▶	11197.36	104714.48
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	53000.00	329000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	64197.36	433714.48
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	50000.00	50000.00
(b) All Other Loans.....	0.00	800.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	50000.00	50800.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	102.04	1938.74
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	114299.40	486453.22

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	85740.96	429910.58
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	2027.22
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2400.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	4427.22
21. OTHER DISBURSEMENTS	0.00	313.95
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	85740.96	434651.75

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	71080.40
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	114299.40
25. SUBTOTAL (add Line 23 and Line 24).....	185379.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	85740.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	99638.84

**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 68
	<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)
Richard Alcalde

Mailing Address 210 D St SE

City Washington State DC Zip Code 20003-1921

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

Name of Employer Potomac Partners DC Occupation Attorney/Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2016

Transaction ID : C10627715

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Mark Dreyfus

Mailing Address 5104 Ocean Front Ave

City Virginia Beach State VA Zip Code 23451-2339

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

Name of Employer epci university Occupation education management

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : C10630003

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Daniel E. England

Mailing Address 10051 Stone Mountain CV

City Sandy State UT Zip Code 84092

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

Name of Employer C.R. England Inc. Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2016

Transaction ID : C10642842

Amount of Each Receipt this Period
500.00

Memo Item

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: PAGE 6 OF 68
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

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

Mailing Address 2229 Claridge Place

City San Leandro State CA Zip Code 94577

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

Name of Employer AT&T Occupation Senior Specialist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 09 / 2016

Transaction ID : C10642840

Amount of Each Receipt this Period
150.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Kathleen Gordon

Mailing Address 4835 Patricia Ann Ct

City Orlando State FL Zip Code 32539

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

Name of Employer Osceola School Board Occupation Educator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C10642878

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Richard R. Rogers

Mailing Address 16251 Dallas Pkwy

City Addison State TX Zip Code 75001

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

Name of Employer Mary Kay Occupation Executive Chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : C10642854

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

2650.00

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

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

FOR LINE NUMBER: PAGE 7 OF 68
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. Full Name (Last, First, Middle Initial)
Willie J. Slater

Mailing Address 907 Ferndell Rd

City State Zip Code
Orlando FL 32808

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

Name of Employer Occupation Information Requested
Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1497.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : C10642857

Amount of Each Receipt this Period
 1497.70

Memo Item

B. Full Name (Last, First, Middle Initial)
Suzanne Sullivan

Mailing Address 1609 Coastal Highway
306 South

City State Zip Code
Rehoboth Beach DE 19971

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

Name of Employer Occupation
Mccann Capital Advocates Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : C10642851

Amount of Each Receipt this Period
 2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Cherryl T. Thomas

Mailing Address 33 N. Dearborn Suite 1720

City State Zip Code
Chicago IL 60602

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

Name of Employer Occupation
Ardmore Associates, LLC CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : C10642849

Amount of Each Receipt this Period
 1700.00

Memo Item

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

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

5197.70

**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 68
	<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)
Cherryl T. Thomas

Mailing Address 33 N. Dearborn Suite 1720

City Chicago State IL Zip Code 60602

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

Name of Employer Ardmore Associates, LLC Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : C10642850

Amount of Each Receipt this Period
 300.00

Memo Item

B. 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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

300.00

10647.70

**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 68
	<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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : C10642871

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Amalgamated Transit Union COPE

Mailing Address 5025 Wisconsin Ave NW

City Washington State DC Zip Code 20016-4113

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : C10642864

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address PO BOX 1532

City INDIANAPOLIS State IN Zip Code 46206

FEC ID number of contributing federal political committee. **C C00511196**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : C10642844

Amount of Each Receipt this Period
1000.00

Memo Item

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: PAGE 10 OF 68
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. Full Name (Last, First, Middle Initial)
AMERICA NOW

Mailing Address **PO BOX 1532**

City **INDIANAPOLIS** State **IN** Zip Code **46206**

FEC ID number of contributing federal political committee. **C C00511196**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
2000.00

Date of Receipt
06 / 17 / 2016

Transaction ID : C10642845

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Mailing Address **520 N NORTHWEST HIGHWAY**

City **PARK RIDGE** State **IL** Zip Code **60068**

FEC ID number of contributing federal political committee. **C C70004684**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
8500.00

Date of Receipt
06 / 24 / 2016

Transaction ID : C10642881

Amount of Each Receipt this Period
2500.00

Memo Item

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: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
9000.00

Date of Receipt
06 / 17 / 2016

Transaction ID : C10642848

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

6000.00

**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 68
	<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. Brotherhood of Railroad Signalmen PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 917 Shenandoah Shores Rd
 City Front Royal State VA Zip Code 22630
 FEC ID number of contributing federal political committee. **C C00011262**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2016
Transaction ID : C10642863
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. BUILD AMERICA PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 153-01 JAMAICA AVENUE SUITE 535
 City JAMAICA State NY Zip Code 11432
 FEC ID number of contributing federal political committee. **C C00377143**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016
Transaction ID : C10642861
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Comcast Corporation PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 John F Kennedy Blvd FI 49
 City Philadelphia State PA Zip Code 19103-2855
 FEC ID number of contributing federal political committee. **C C00248716**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : C10642858
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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 12 OF 68			
	<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. Committee to Elect Henry Hank Johnson

Full Name (Last, First, Middle Initial)
Committee to Elect Henry Hank Johnson

Mailing Address **4153 FLAT SHOALS PARKWAY
SUITE 322, BUILDING C, 2ND FLOOR**

City **DECATUR** State **GA** Zip Code **30034**

FEC ID number of contributing federal political committee. **C C00418293**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : C10642847

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

B. Cummings for Congress

Full Name (Last, First, Middle Initial)
Cummings for Congress

Mailing Address **PO Box 1631**

City **Baltimore** State **MD** Zip Code **21203**

FEC ID number of contributing federal political committee. **C C00310318**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 13 / 2016

Transaction ID : C10642855

Amount of Each Receipt this Period
 _____ 2000.00

Memo Item

C. Eddie Bernice Johnson for Congress

Full Name (Last, First, Middle Initial)
Eddie Bernice Johnson for Congress

Mailing Address **2515 McKinney Avenue
Suite 810, LB 11**

City **Dallas** State **TX** Zip Code **75201**

FEC ID number of contributing federal political committee. **C C00254573**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 01 / 2016

Transaction ID : C10642867

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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 13 OF 68
	<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)
ELLISON FOR CONGRESS

Mailing Address **PO BOX 6072**

City **MINNEAPOLIS** State **MN** Zip Code **55406**

FEC ID number of contributing federal political committee. **C C00422410**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 02 / 2016

Transaction ID : C10642868

Amount of Each Receipt this Period
 _____ **500.00**

Memo Item

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: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : C10642865

Amount of Each Receipt this Period
 _____ **2500.00**

Memo Item

C. Full Name (Last, First, Middle Initial)
Florida Sugar Cane League PAC

Mailing Address **1301 Pennsylvania Ave NW
Ste 401**

City **Washington** State **DC** Zip Code **20004-1701**

FEC ID number of contributing federal political committee. **C C00012328**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C10642877

Amount of Each Receipt this Period
 _____ **1000.00**

Memo Item

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 14 OF 68
	<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)
Gridiron PAC

Mailing Address 280 Park Ave

City State Zip Code
New York NY 10017-1216

FEC ID number of contributing federal political committee. **C** C00451153

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2016

Transaction ID : C10642841

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Holland & Knight C'tee for Effective Government

Mailing Address 2099 Pennsylvania Ave, NW
Suite 100

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 09 / 2016

Transaction ID : C10642860

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Int'l Organization of Master Mates and Pilots PAC

Mailing Address 700 Maritime Blvd. Suite 500

City State Zip Code
Linthicum Heights MD 21090

FEC ID number of contributing federal political committee. **C** C00073056

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C10642876

Amount of Each Receipt this Period
1000.00

Memo Item

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 15 OF 68
	<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)
John Lewis for Congress

Mailing Address **PO Box 2323**

City **Atlanta** State **GA** Zip Code **30301-2323**

FEC ID number of contributing federal political committee. **C C00202416**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 16 / 2016

Transaction ID : C10642853

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
KEEP AL GREEN IN CONGRESS

Mailing Address **P.O. BOX 56761**

City **HOUSTON** State **TX** Zip Code **77256**

FEC ID number of contributing federal political committee. **C C00578567**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : C10642862

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Leadership That Listens PAC

Mailing Address **PO Box 44084**

City **Fort Washington** State **MD** Zip Code **20749**

FEC ID number of contributing federal political committee. **C C00456905**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 09 / 2016

Transaction ID : C10642859

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 16 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. Full Name (Last, First, Middle Initial)
MALONEY FOR CONGRESS

Mailing Address 49 EAST 92ND ST

City State Zip Code
NEW YORK NY 10128

FEC ID number of contributing federal political committee. **C C00273169**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : C10642870

Amount of Each Receipt this Period
 2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
National Air Traffic Controllers Association PAC

Mailing Address 1325 Massachusetts Ave NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : C10642846

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
National Air Traffic Controllers Association PAC

Mailing Address 1325 Massachusetts Ave NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : C10642852

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 17 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. National Air Traffic Controllers Association PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1325 Massachusetts Ave NW
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C C00238725**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **3500.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : C10642873
 Amount of Each Receipt this Period **1500.00**
 Memo Item

B. National Association of Realtors PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 N Michigan Ave
 City Chicago State IL Zip Code 60611-4011
 FEC ID number of contributing federal political committee. **C C00030718**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **3000.00**

Date of Receipt **04 / 09 / 2016**
Transaction ID : C10642843
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. National Beer Wholesalers Association PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 King St Ste 600
 City Alexandria State VA Zip Code 22314-2965
 FEC ID number of contributing federal political committee. **C C00144766**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **5000.00**

Date of Receipt **06 / 29 / 2016**
Transaction ID : C10642866
 Amount of Each Receipt this Period **2500.00**
 Memo Item

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

5000.00

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

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

FOR LINE NUMBER: PAGE 18 OF 68
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. Full Name (Last, First, Middle Initial)
Transport Workers Union of America PAC

Mailing Address 501 Third St NW 9th FL

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00008268**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : C10642875

Amount of Each Receipt this Period
 5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Trucking PAC of The American Trucking Assoc

Mailing Address 430 First St SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00002881**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : C10642874

Amount of Each Receipt this Period
 3000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
U.S. TRAVEL ASSOCIATION PAC

Mailing Address 1100 NEW YORK AVENUE SUITE 450W

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00457754**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : C10642880

Amount of Each Receipt this Period
 2500.00

Memo Item

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

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

10500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 68
	<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)
Union Pacific Corp Fund for Effective Government

Mailing Address 600 13th St NW
Ste 340

City Washington State DC Zip Code 20005-3012

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : C10642879

Amount of Each Receipt this Period
5000.00

Memo Item

B. 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

Memo Item

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

Memo Item

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

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

5000.00

53000.00

**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 20 OF 68
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Corrine Brown

Mailing Address 611 Appian Way West

City Jacksonville State FL Zip Code 32208

FEC ID number of contributing federal political committee. **C H2FL03056**

Name of Employer U.S. House of Representatives Occupation Member of Congress

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
50800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : C10642869

Amount of Each Receipt this Period
25000.00

Memo Item

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

Mailing Address 611 Appian Way West

City Jacksonville State FL Zip Code 32208

FEC ID number of contributing federal political committee. **C H2FL03056**

Name of Employer U.S. House of Representatives Occupation Member of Congress

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
50800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C10642872

Amount of Each Receipt this Period
25000.00

Memo Item

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

Memo Item

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

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

50000.00

50000.00

**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 21 OF 68
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address 1101 17th St NW
Ste 600

City Washington State DC Zip Code 20036-4718

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
448.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2016

Transaction ID : C10642885

Amount of Each Receipt this Period
91.10

Memo Item

B. 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

Memo Item

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

Memo Item

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

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

91.10

91.10

**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 68	
	<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. Accurate Word LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 4481 White Plains Lane		Amount of Each Disbursement this Period 74.95
City White Plains	State MD	
Zip Code 20695	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587361
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Akerman LLP		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 50 North Laura Street Suite 3100		Amount of Each Disbursement this Period 10000.00
City Jacksonville	State FL	
Zip Code 32202	Purpose of Disbursement Legal Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D588777
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2016
Mailing Address 1101 17th St NW Ste 600		Amount of Each Disbursement this Period 61.92
City Washington	State DC	
Zip Code 20036-4718	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D588027
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10136.87
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 68			
	<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. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2016
Mailing Address 1101 17th St NW Ste 600		Amount of Each Disbursement this Period 35.00
City Washington	State DC	
Zip Code 20036-4718	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D588028
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 1101 17th St NW Ste 600		Amount of Each Disbursement this Period 40.44
City Washington	State DC	
Zip Code 20036-4718	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D588035
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 1101 17th St NW Ste 600		Amount of Each Disbursement this Period 115.10
City Washington	State DC	
Zip Code 20036-4718	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587957
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	190.54
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 68			
	<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. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 1101 17th St NW Ste 600		Amount of Each Disbursement this Period 91.10
City Washington	State DC	
Zip Code 20036-4718	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587958
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 1101 17th St NW Ste 600		Amount of Each Disbursement this Period 5.60
City Washington	State DC	
Zip Code 20036-4718	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587959
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 1101 17th St NW Ste 600		Amount of Each Disbursement this Period 5.60
City Washington	State DC	
Zip Code 20036-4718	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587960
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	102.30
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 68			
	<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. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 1101 17th St NW Ste 600		Amount of Each Disbursement this Period 61.10
City Washington	State DC	
Zip Code 20036-4718	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587963
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016
Mailing Address 1101 17th St NW Ste 600		Amount of Each Disbursement this Period 35.00
City Washington	State DC	
Zip Code 20036-4718	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587965
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016
Mailing Address 1101 17th St NW Ste 600		Amount of Each Disbursement this Period 25.00
City Washington	State DC	
Zip Code 20036-4718	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587966
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	121.10
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 26 OF 68	
	<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 04 / 17 / 2016
Mailing Address 50 Massachusetts Ave.NE Union Station		Amount of Each Disbursement this Period 149.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D587961
State: District:		

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2016
Mailing Address 50 Massachusetts Ave.NE Union Station		Amount of Each Disbursement this Period 126.65
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D587962
State: District:		

Full Name (Last, First, Middle Initial) c. Art and Framing		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2026 P Street NW		Amount of Each Disbursement this Period 478.00
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement Campaign Materials	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D587372
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	753.65
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 27 OF 68	
	<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 06 / 07 / 2016
Mailing Address PO Box 70529		Amount of Each Disbursement this Period 113.11
City Charlotte	State NC	
Zip Code 28272	Purpose of Disbursement Telecommunications Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D587356
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Barton Printing Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 1711 E Church St		Amount of Each Disbursement this Period 721.18
City Jacksonville	State FL	
Zip Code 32202-1119	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D587348
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Barton Printing Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016
Mailing Address 1711 E Church St		Amount of Each Disbursement this Period 261.08
City Jacksonville	State FL	
Zip Code 32202-1119	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D587363
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1095.37
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 68	
	<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. Barton Printing Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address 1711 E Church St		Amount of Each Disbursement this Period 391.35
City Jacksonville	State FL	
Zip Code 32202-1119	Purpose of Disbursement printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587990
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Chef Eddies Restaurant		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address 595 West Church Street		Amount of Each Disbursement this Period 118.88
City Orlando	State FL	
Zip Code 32805	Purpose of Disbursement food/beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587972
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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 / 09 / 2016
Mailing Address 50 E St SE		Amount of Each Disbursement this Period 208.86
City Washington	State DC	
Zip Code 20003-2620	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587346
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	719.09
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 29 OF 68	
	<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. David Porter Communications Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address P.O. Box 592495		Amount of Each Disbursement this Period 1000.00
City Orlando	State FL	
Zip Code 32859	Purpose of Disbursement Communication Consulting Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587342
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. David Porter Communications Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address P.O. Box 592495		Amount of Each Disbursement this Period 2000.00
City Orlando	State FL	
Zip Code 32859	Purpose of Disbursement Communication Consulting Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587351
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 5500 S Terminal Pkwy		Amount of Each Disbursement this Period 467.60
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587999
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3467.60
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 68	
	<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. Don Pablos Restaurant		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2016
Mailing Address 3525 Jefferson Davis Hwy		Amount of Each Disbursement this Period 31.87
City Alexandria	State VA	
Zip Code 22305	Purpose of Disbursement Food/Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D588029
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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 05 / 14 / 2016
Mailing Address 9336 Civic Center Dr		Amount of Each Disbursement this Period 98.00
City Beverly Hills	State CA	
Zip Code 90210	Purpose of Disbursement Lodging	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D588002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Doubletree Hotel		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2016
Mailing Address 9336 Civic Center Dr		Amount of Each Disbursement this Period 12.25
City Beverly Hills	State CA	
Zip Code 90210	Purpose of Disbursement Lodging	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D588004
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	142.12
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 31 OF 68			
	<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 / 08 / 2016		
Mailing Address 755 Crossover Lane			Amount of Each Disbursement this Period 217.58		
City Memphis	State TN	Zip Code 38117	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Lodging		Category/ Type			
Candidate Name		Transaction ID : D587952			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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 / 08 / 2016		
Mailing Address 755 Crossover Lane			Amount of Each Disbursement this Period 133.28		
City Memphis	State TN	Zip Code 38117	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Lodging		Category/ Type			
Candidate Name		Transaction ID : D587953			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. Flower Express Inc.			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2016		
Mailing Address 2504 N. Main St.			Amount of Each Disbursement this Period 118.76		
City Jacksonville	State FL	Zip Code 32206	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Flowers		Category/ Type			
Candidate Name		Transaction ID : D587349			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	469.62
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 68	
	<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. Giant Oil		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2016
Mailing Address 4453 San Juan Ave		Amount of Each Disbursement this Period 28.83
City Jacksonville	State FL Zip Code 32210	
Purpose of Disbursement Travel	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D588003

Full Name (Last, First, Middle Initial) B. Grand Bohemian Hotel		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2016
Mailing Address 325 S Orange Blvd		Amount of Each Disbursement this Period 195.56
City Orlando	State FL Zip Code 32801	
Purpose of Disbursement Lodging	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D588025

Full Name (Last, First, Middle Initial) c. Grand Bohemian Hotel		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2016
Mailing Address 325 S Orange Blvd		Amount of Each Disbursement this Period 260.03
City Orlando	State FL Zip Code 32801	
Purpose of Disbursement Lodging	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D588026

SUBTOTAL of Disbursements This Page (optional).....	484.42
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 68	
	<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. Mr. Bradford Hall			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2016	
Mailing Address 7079 Saint Ives Court			Amount of Each Disbursement this Period 200.00	
City Jacksonville	State FL	Zip Code 32244	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Transportation		Category/ Type		
Candidate Name		Transaction ID : D587367		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Mr. Bradford Hall			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016	
Mailing Address 7079 Saint Ives Court			Amount of Each Disbursement this Period 100.00	
City Jacksonville	State FL	Zip Code 32244	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Transportation		Category/ Type		
Candidate Name		Transaction ID : D587360		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Heydari			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016	
Mailing Address 50 Massachusetts Avenue			Amount of Each Disbursement this Period 466.89	
City Washington	State DC	Zip Code 20002	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Donor Gift		Category/ Type		
Candidate Name		Transaction ID : D588612		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	766.89
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 68	
	<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. Heydari		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016
Mailing Address 50 Massachusetts Avenue		Amount of Each Disbursement this Period 120.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Donor Gift	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D588613
State: District:		

Full Name (Last, First, Middle Initial) B. I-PAC JAX INC		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 6944 ST AUGUSTINE ROAD SUITE D		Amount of Each Disbursement this Period 2400.00
City JACKSONVILLE State FL Zip Code 32217	Purpose of Disbursement refund	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D587370
State: District:		

Full Name (Last, First, Middle Initial) c. J Pope Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016
Mailing Address 10503 Sweetbriar Parkway		Amount of Each Disbursement this Period 2250.00
City Silver Spring State MD Zip Code 20903	Purpose of Disbursement Compliance Consulting	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D587364
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4770.00
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 35 OF 68	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

Full Name (Last, First, Middle Initial) A. J Pope Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 10503 Sweetbriar Parkway		Amount of Each Disbursement this Period 2725.00
City Silver Spring	State MD	
Zip Code 20903	Purpose of Disbursement Compliance Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587344
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. J Pope Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2016
Mailing Address 10503 Sweetbriar Parkway		Amount of Each Disbursement this Period 1750.00
City Silver Spring	State MD	
Zip Code 20903	Purpose of Disbursement Fundraising Consultant	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587352
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. J Pope Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016
Mailing Address 10503 Sweetbriar Parkway		Amount of Each Disbursement this Period 2275.00
City Silver Spring	State MD	
Zip Code 20903	Purpose of Disbursement Compliance Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587355
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6750.00
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 36 OF 68	
	<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. Mr. Darryl R. Jackson		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 101 E. Union Street Suite 400		Amount of Each Disbursement this Period 5000.00
City Jacksonville State FL Zip Code 32202	Purpose of Disbursement Accounting Fees	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D588780
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Jetblue		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2016
Mailing Address 118-29 Queens Blvd		Amount of Each Disbursement this Period 30.00
City Forest Hills State NY Zip Code 11375	Purpose of Disbursement Travel	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D587978
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Kingdom Church		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2016
Mailing Address 5335 Ramona Blvd		Amount of Each Disbursement this Period 50.00
City Jacksonville State FL Zip Code 32205	Purpose of Disbursement Donation	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D588604
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	5080.00
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 68	
	<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. Kingdom Church			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2016	
Mailing Address 5335 Ramona Blvd			Amount of Each Disbursement this Period 80.00	
City Jacksonville	State FL	Zip Code 32205	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Donation		Candidate Name	Transaction ID : D588605	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) B. Kingdom Church			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2016	
Mailing Address 5335 Ramona Blvd			Amount of Each Disbursement this Period 100.00	
City Jacksonville	State FL	Zip Code 32205	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Donation		Candidate Name	Transaction ID : D588606	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) C. Kingdom Church			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2016	
Mailing Address 5335 Ramona Blvd			Amount of Each Disbursement this Period 50.00	
City Jacksonville	State FL	Zip Code 32205	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Donation		Candidate Name	Transaction ID : D588607	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

SUBTOTAL of Disbursements This Page (optional)	230.00
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 38 OF 68			
	<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. Kingdom Church			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2016		
Mailing Address 5335 Ramona Blvd			Amount of Each Disbursement this Period 75.00		
City Jacksonville	State FL	Zip Code 32205	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Donation		Category/ Type			
Candidate Name		Transaction ID : D588608			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Kingdom Church			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2016		
Mailing Address 5335 Ramona Blvd			Amount of Each Disbursement this Period 100.00		
City Jacksonville	State FL	Zip Code 32205	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Donation		Category/ Type			
Candidate Name		Transaction ID : D588609			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Ms. Cynthia Lee			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016		
Mailing Address 11701 Palm Lake Dr. Apt. 901			Amount of Each Disbursement this Period 300.00		
City Jacksonville	State FL	Zip Code 32218	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Campaign Work		Category/ Type			
Candidate Name		Transaction ID : D587359			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	475.00
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 68
	<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. Longhorn Steakhouse		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2016
Mailing Address 4401 Roosevelt Blvd		Amount of Each Disbursement this Period 68.90
City Jacksonville	State FL Zip Code 32210-3350	
Purpose of Disbursement Food/Beverages	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D587955

Full Name (Last, First, Middle Initial) B. Marriott Hotels		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016
Mailing Address 10400 Fernwood Rd		Amount of Each Disbursement this Period 748.49
City Bethesda	State MD Zip Code 20817	
Purpose of Disbursement Lodging	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D587964

Full Name (Last, First, Middle Initial) C. Mr. Donte Nunnally		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016
Mailing Address 2300 H St.		Amount of Each Disbursement this Period 300.00
City Brunswick	State GA Zip Code 31520	
Purpose of Disbursement Graphic Designer	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D587353

SUBTOTAL of Disbursements This Page (optional).....	1117.39
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 40 OF 68	
	<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 / 23 / 2016	
Mailing Address 30 Ivy St SE			Amount of Each Disbursement this Period 2903.57	
City Washington	State DC	Zip Code 20003-4006	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food/Beverage		Category/ Type	Transaction ID : D587362	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) B. Stephany Neal			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016	
Mailing Address 246 G Street, S.W.			Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20024	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Consulting		Category/ Type	Transaction ID : D587365	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) c. Stephany Neal			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016	
Mailing Address 246 G Street, S.W.			Amount of Each Disbursement this Period 400.00	
City Washington	State DC	Zip Code 20024	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Consulting		Category/ Type	Transaction ID : D587366	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	4303.57
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 68	
	<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. Stephany Neal			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016	
Mailing Address 246 G Street, S.W.			Amount of Each Disbursement this Period 51.95	
City Washington	State DC	Zip Code 20024	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Supplies		Candidate Name	Transaction ID : D587357	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) B. Stephany Neal			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016	
Mailing Address 246 G Street, S.W.			Amount of Each Disbursement this Period 500.00	
City Washington	State DC	Zip Code 20024	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Consulting		Candidate Name	Transaction ID : D587358	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) c. Stephany Neal			Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016	
Mailing Address 246 G Street, S.W.			Amount of Each Disbursement this Period 950.00	
City Washington	State DC	Zip Code 20024	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Consulting		Candidate Name	Transaction ID : D587350	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	1501.95
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 68	
	<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. Stephany Neal		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016
Mailing Address 246 G Street, S.W.		Amount of Each Disbursement this Period 500.00
City Washington	State DC Zip Code 20024	
Purpose of Disbursement Fundraising Consulting	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D587371

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 3750.00
City Washington	State DC Zip Code 20005-5006	
Purpose of Disbursement Software Services	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D588007

Full Name (Last, First, Middle Initial) C. NGP VAN, Inc		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 3300.00
City Washington	State DC Zip Code 20005-5006	
Purpose of Disbursement Software Services	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D588009

SUBTOTAL of Disbursements This Page (optional).....	7550.00
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 43 OF 68			
	<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. Omni Parker House		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2016
Mailing Address 60 School St		Amount of Each Disbursement this Period 525.89
City Boston	State MA	Zip Code 02108
Purpose of Disbursement Lodging	Category/Type	
Candidate Name	<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D588043
State: District:		

Full Name (Last, First, Middle Initial) B. Omni Parker House		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2016
Mailing Address 60 School St		Amount of Each Disbursement this Period 13.89
City Boston	State MA	Zip Code 02108
Purpose of Disbursement Lodging	Category/Type	
Candidate Name	<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D588045
State: District:		

Full Name (Last, First, Middle Initial) c. Piccadilly Cafeteria		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016
Mailing Address 5950 Ramona Blvd		Amount of Each Disbursement this Period 60.79
City Jacksonville	State FL	Zip Code 32205-4001
Purpose of Disbursement Food/Beverages	Category/Type	
Candidate Name	<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D588021
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	600.57
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 68	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. Piccadilly Cafeteria

Full Name (Last, First, Middle Initial)
Mailing Address 5950 Ramona Blvd

City Jacksonville State FL Zip Code 32205-4001

Purpose of Disbursement Food/Beverages

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 17 / 2016

Amount of Each Disbursement this Period: 476.09

Memo Item

Transaction ID : D588001

B. PNC Merchant Services

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

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 03 / 2016

Amount of Each Disbursement this Period: 26.77

Memo Item

Transaction ID : D588012

C. PNC Merchant Services

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

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 03 / 2016

Amount of Each Disbursement this Period: 3.10

Memo Item

Transaction ID : D588013

SUBTOTAL of Disbursements This Page (optional) 505.96

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 45 OF 68	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. PNC Merchant Services

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

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 03 / 2016

Amount of Each Disbursement this Period: 0.13

Memo Item

Transaction ID : D588015

B. PNC Merchant Services

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

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 11 / 2016

Amount of Each Disbursement this Period: 78.05

Memo Item

Transaction ID : D588036

C. PNC Merchant Services

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

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 11 / 2016

Amount of Each Disbursement this Period: 114.86

Memo Item

Transaction ID : D588031

SUBTOTAL of Disbursements This Page (optional) 193.04

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 68	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. PNC Merchant Services

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

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 13 / 2016

Amount of Each Disbursement this Period: 76.71

Memo Item

Transaction ID : D588038

B. PNC Merchant Services

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

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 05 / 2016

Amount of Each Disbursement this Period: 35.00

Memo Item

Transaction ID : D587946

C. PNC Merchant Services

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

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 01 / 2016

Amount of Each Disbursement this Period: 31.52

Memo Item

Transaction ID : D587947

SUBTOTAL of Disbursements This Page (optional) 143.23

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 47 OF 68			
	<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 / 05 / 2016
Mailing Address 1 PNC Plaza		Amount of Each Disbursement this Period 3.08
City Pittsburgh	State PA	
Zip Code 15265	Purpose of Disbursement Credit Card Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587948
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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 / 05 / 2016
Mailing Address 1 PNC Plaza		Amount of Each Disbursement this Period 0.01
City Pittsburgh	State PA	
Zip Code 15265	Purpose of Disbursement Credit Card Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587949
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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 05 / 03 / 2016
Mailing Address 1 PNC Plaza		Amount of Each Disbursement this Period 35.00
City Pittsburgh	State PA	
Zip Code 15265	Purpose of Disbursement Credit Card Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587979
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	38.09
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 48 OF 68	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. PNC Merchant Services

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

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 04 / 2016

Amount of Each Disbursement this Period: 183.15

Memo Item

Transaction ID : D587980

B. PNC Merchant Services

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

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 04 / 2016

Amount of Each Disbursement this Period: 1.56

Memo Item

Transaction ID : D587981

C. PNC Merchant Services

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

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 04 / 2016

Amount of Each Disbursement this Period: 28.39

Memo Item

Transaction ID : D587982

SUBTOTAL of Disbursements This Page (optional) 213.10

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 49 OF 68	
	<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. Pollos Pio Pio		Date of Disbursement MM / DD / YYYY 06 / 07 / 2016
Mailing Address 5752 International Dr		Amount of Each Disbursement this Period 311.98
City Orlando	State FL Zip Code 32819	
Purpose of Disbursement Food/Beverages	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D588023

Full Name (Last, First, Middle Initial) B. Publix Super Market		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 5858 Atlantic Blvd		Amount of Each Disbursement this Period 16.00
City Jacksonville	State FL Zip Code 32207-2223	
Purpose of Disbursement food/beverage	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D587997

Full Name (Last, First, Middle Initial) c. Publix Super Market		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address 5858 Atlantic Blvd		Amount of Each Disbursement this Period 275.08
City Jacksonville	State FL Zip Code 32207-2223	
Purpose of Disbursement food/beverage	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D587991

SUBTOTAL of Disbursements This Page (optional).....	603.08
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 68	
	<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. Quest International Marketing		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 4521 Shanewood Ct.		Amount of Each Disbursement this Period 200.00
City Orlando	State FL Zip Code 32837	
Purpose of Disbursement Refund	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D587368

Full Name (Last, First, Middle Initial) B. Rosen Centre Hotel		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address 9840 International Dr		Amount of Each Disbursement this Period 48.36
City Orlando	State FL Zip Code 32819	
Purpose of Disbursement Lodging	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D587973

Full Name (Last, First, Middle Initial) c. Sam's Club		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 2101 SE Simple Savings Dr		Amount of Each Disbursement this Period 116.18
City Bentonville	State AR Zip Code 72712-4304	
Purpose of Disbursement Office Supplies	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D587992

SUBTOTAL of Disbursements This Page (optional).....	364.54
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 68	
	<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 / 09 / 2016
Mailing Address 2101 SE Simple Savings Dr		Amount of Each Disbursement this Period 2.66
City Bentonville	State AR	
Zip Code 72712-4304	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587993
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sam's Club		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address 2101 SE Simple Savings Dr		Amount of Each Disbursement this Period 45.65
City Bentonville	State AR	
Zip Code 72712-4304	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587985
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. SGS Technologie		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 6817 Southpoint Pkwy Ste. 2104		Amount of Each Disbursement this Period 200.00
City Jacksonville	State FL	
Zip Code 32216	Purpose of Disbursement Refund	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D587369
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	248.31
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 68			
	<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. Shell Oil			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2016		
Mailing Address 910 Louisiana St			Amount of Each Disbursement this Period 27.84		
City Houston	State TX	Zip Code 77252	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Travel		Category/ Type	Transaction ID : D587967		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Shell Oil			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2016		
Mailing Address 910 Louisiana St			Amount of Each Disbursement this Period 40.02		
City Houston	State TX	Zip Code 77252	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Travel		Category/ Type	Transaction ID : D587942		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <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 05 / 01 / 2016		
Mailing Address 910 Louisiana St			Amount of Each Disbursement this Period 50.02		
City Houston	State TX	Zip Code 77252	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Travel		Category/ Type	Transaction ID : D587976		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	117.88
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 53 OF 68	
	<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. Sheppard, White, Kachergus & DeMaggio P.A.		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 215 Washington Street		Amount of Each Disbursement this Period 5000.00
City Jacksonville State FL Zip Code 32202	Purpose of Disbursement Legal	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D587373
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Sheppard, White, Kachergus & DeMaggio P.A.		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2016
Mailing Address 215 Washington Street		Amount of Each Disbursement this Period 5000.00
City Jacksonville State FL Zip Code 32202	Purpose of Disbursement Legal	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D587374
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Sheppard, White, Kachergus & DeMaggio P.A.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 215 Washington Street		Amount of Each Disbursement this Period 3680.10
City Jacksonville State FL Zip Code 32202	Purpose of Disbursement Legal	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D587375
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	13680.10
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 54 OF 68	
	<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. Sheppard, White, Kachergus & DeMaggio P.A.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 215 Washington Street		Amount of Each Disbursement this Period 10000.00
City Jacksonville	State FL Zip Code 32202	
Purpose of Disbursement Legal	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D587376

Full Name (Last, First, Middle Initial) B. Sugar Collaborations		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016
Mailing Address 1110 Congress St. NE		Amount of Each Disbursement this Period 1375.00
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Catering Services	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D587354

Full Name (Last, First, Middle Initial) C. Sunny's Worldwide Chauffeured Transportation		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 23765 Pebble Run Pl Ste 100		Amount of Each Disbursement this Period 362.36
City Sterling	State VA Zip Code 20166	
Purpose of Disbursement Travel	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D588032

SUBTOTAL of Disbursements This Page (optional).....	11737.36
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 68	
	<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. Sunny's Worldwide Chauffeured Transportation		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016
Mailing Address 23765 Pebble Run Pl Ste 100		Amount of Each Disbursement this Period 108.68
City Sterling	State VA Zip Code 20166	
Purpose of Disbursement Travel	Category/Type	<input type="checkbox"/> Memo Item Transaction ID : D588037
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Supervisor of Elections		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 105 E Monroe St.		Amount of Each Disbursement this Period 30.00
City Jacksonville	State FL Zip Code 32202	
Purpose of Disbursement Petition Fee	Category/Type	<input type="checkbox"/> Memo Item Transaction ID : D588782
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Supervisor of Elections		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 105 E Monroe St.		Amount of Each Disbursement this Period 150.00
City Jacksonville	State FL Zip Code 32202	
Purpose of Disbursement Petition Fee	Category/Type	<input type="checkbox"/> Memo Item Transaction ID : D587379
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	288.68
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 68			
	<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. Supervisor of Elections		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2016
Mailing Address 105 E Monroe St.		Amount of Each Disbursement this Period 100.00
City Jacksonville	State FL Zip Code 32202	
Purpose of Disbursement Petition Fee	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D587380
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Supervisor of Elections		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2016
Mailing Address 105 E Monroe St.		Amount of Each Disbursement this Period 100.00
City Jacksonville	State FL Zip Code 32202	
Purpose of Disbursement Petition Fee	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D587381
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Texaco		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 3000 W. Edgewood Avenue		Amount of Each Disbursement this Period 24.29
City Jacksonville	State FL Zip Code 32208	
Purpose of Disbursement Travel	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D587969
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	224.29
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 57 OF 68			
	<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. Texaco		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2016
Mailing Address 3000 W. Edgewood Avenue		Amount of Each Disbursement this Period 49.82
City Jacksonville	State FL Zip Code 32208	
Purpose of Disbursement Travel	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D587994

Full Name (Last, First, Middle Initial) B. Texaco		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016
Mailing Address 3000 W. Edgewood Avenue		Amount of Each Disbursement this Period 58.00
City Jacksonville	State FL Zip Code 32208	
Purpose of Disbursement Travel	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D588022

Full Name (Last, First, Middle Initial) c. The Ritz Carlton		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address 4445 Willard Ave Ste 800		Amount of Each Disbursement this Period 651.36
City Chevy Chase	State MD Zip Code 20815-3699	
Purpose of Disbursement Lodging	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D588016

SUBTOTAL of Disbursements This Page (optional).....	759.18
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 58 OF 68			
	<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 Ritz Carlton		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016
Mailing Address 4445 Willard Ave Ste 800		Amount of Each Disbursement this Period 379.37
City Chevy Chase	State MD	
Zip Code 20815-3699	Purpose of Disbursement Lodging	Transaction ID : D588017
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Ritz Carlton		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address 4445 Willard Ave Ste 800		Amount of Each Disbursement this Period 149.47
City Chevy Chase	State MD	
Zip Code 20815-3699	Purpose of Disbursement Lodging	Transaction ID : D588018
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The Sugar Experience		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2016
Mailing Address 425 Mass Ave NW		Amount of Each Disbursement this Period 1868.00
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Catering Services	Transaction ID : D587343
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2396.84
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 59 OF 68			
	<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 05 / 09 / 2016		
Mailing Address 600 Pennsylvania Avenue			Amount of Each Disbursement this Period 228.00		
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>		
Purpose of Disbursement P.O. Box Fee		Category/ Type			
Candidate Name		Transaction ID : D587347			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Uber Technologies Inc.			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016		
Mailing Address 182 Howard Street # 8			Amount of Each Disbursement this Period 8.48		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name		Transaction ID : D587987			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Uber Technologies Inc.			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2016		
Mailing Address 182 Howard Street # 8			Amount of Each Disbursement this Period 8.29		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name		Transaction ID : D587988			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	244.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 68			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Uber Technologies Inc.			Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016	
Mailing Address 182 Howard Street # 8			Amount of Each Disbursement this Period 101.77	
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : D587950	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. United States Postal Service			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2016	
Mailing Address 1200 Pennsylvania Ave NW			Amount of Each Disbursement this Period 81.00	
City Washington	State DC	Zip Code 20004-2403	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Postage		Category/ Type	Transaction ID : D587989	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) c. Wells Fargo Bank			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016	
Mailing Address PO Box 563966			Amount of Each Disbursement this Period 2.50	
City Charlotte	State NC	Zip Code 28262	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Service Charge		Category/ Type	Transaction ID : D587996	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	185.27
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 61 OF 68			
	<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 06 / 07 / 2016
Mailing Address PO Box 563966		Amount of Each Disbursement this Period 352.05
City Charlotte	State NC	
Zip Code 28262	Purpose of Disbursement Service Charge	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D588020
State: District:		

Full Name (Last, First, Middle Initial) B. Ms. Stephanie Anim Yankah		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016
Mailing Address 10208 Roberts Common Lane		Amount of Each Disbursement this Period 349.55
City Burke	State VA	
Zip Code 22015	Purpose of Disbursement Travel Expenses	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D587345
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	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	352.05
TOTAL This Period (last page this line number only).....	83123.80

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) **PERSONAL FUNDS** Memo Item
Corrine Brown

Election: 2010
 Primary
 General
 Other (specify) ▼

Mailing Address
611 Appian Way West

City State ZIP Code
Jacksonville FL 32208

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

TERMS

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

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

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Corrine Brown Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 611 Appian Way West
 City State ZIP Code
 Jacksonville FL 32208

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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TERMS
 Date Incurred: M 11 / D 26 / Y 2012
 Date Due: M / D / Y No Due Date
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 2000.00
TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

Transaction ID : L1337

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Corrine Brown

Election: 2016

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
800.00 0.00 800.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 01 / D 13 / Y 2015 M M / D D / Y Y Y Y 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 800.00

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 : L1354

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Corrine Brown Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
611 Appian Way West

City State ZIP Code
Jacksonville FL 32208

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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TERMS

Date Incurred: M 06 / D 28 / Y 2016
Date Due: M / D / Y
Interest Rate: 0.00 % (apr)
Secured: 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)..... ▶ 25000.00

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

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

Transaction ID : L1355

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
Corrine Brown

Election: 2016

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
25000.00	0.00	25000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 29 / Y 2016	M / D / Y	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).....	▶	25000.00
TOTALS This Period (last page in this line only).....	▶	53300.00

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

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

NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 4105.44	Transaction ID : D472903	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4105.44

B. 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 5000.00	Transaction ID : D365767	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

C. 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 1500.00	Transaction ID : D365770	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

1) SUBTOTALS This Period This Page (optional)	10605.44
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) ▶	

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 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 6450.00	Transaction ID : D472904	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6450.00

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

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)	6570.00
2) TOTALS This Period (last page this line number only)	17175.44
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	53300.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	70475.44