

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

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

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

5. Covering Period M M / D D / Y Y Y Y 10 / 16 / 2014 through M M / D D / Y Y Y Y 11 / 24 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Gloria Simmons  
Signature of Treasurer Gloria Simmons *[Electronically Filed]* Date M M / D D / Y Y Y Y 01 / 09 / 2015

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

**SUMMARY PAGE**  
of Receipts and Disbursements

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

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	87970.00	594138.59
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	6200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	87970.00	587938.59
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	109467.03	566020.15
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2193.35
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	109467.03	563826.80
8. Cash on Hand at Close of Reporting Period (from Line 27).....	9622.08	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	19675.44	

**For further information contact:**

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Friends of Corrine Brown

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2014 (date of general election)	COLUMN C Total for 11 / 05 / 2014 (date after general election)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
<b>(a) Individuals/Persons Other than Political Committees</b>		
<b>(i) Itemized (use Schedule A)</b>		
62000.00	249866.00	9100.00
<b>(ii) Unitemized</b>		
5270.00	17447.59	0.00
<b>(iii) Total of contributions from individuals</b>		
67270.00	267313.59	9100.00
<b>(b) Political Party Committees</b>		
0.00	0.00	0.00
<b>(c) Other Political Committees</b>		
20700.00	326825.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
87970.00	594138.59	9100.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	2000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	2000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	2193.35	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
18.49	683.57	1.64
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
87988.49	599015.51	9101.64

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 102

Write or Type Committee Name

Friends of Corrine Brown

 Report Covering the Period: From:  /  /  To:  /  / 
**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
<input type="text" value="109467.03"/>	<input type="text" value="566020.15"/>	<input type="text" value="31591.67"/>
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="6700.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	-500.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	6200.00	0.00
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**21. OTHER DISBURSEMENTS**

3500.00	16688.25	0.00
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**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

112967.03	588908.40	31591.67
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

87970.00	587938.59	9100.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

109467.03	563826.80	31591.67
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	34600.62
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	87988.49
25. SUBTOTAL (add Line 23 and Line 24).....	122589.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	112967.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	9622.08

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Alfred A. Adjahoe**

Mailing Address 5670 Baxter Lake Dr.

City Jacksonville	State FL	Zip Code 32258
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FEC ID number of contributing federal political committee. **C**

Name of Employer Intellisfring Tech	Occupation Engineer
--	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : C10306994**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 13136 Peaceful Rd

City Jacksonville	State FL	Zip Code 32226
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FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : C10293760**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 4017 Cog Hill Ct

City Jacksonville	State FL	Zip Code 32225-4749
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Business Executive
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Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : C10306633**

Amount of Each Receipt this Period  
200.00

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 102
	<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)  
**Zanetta Taylor Bennett**

Mailing Address 5757 N Afton Pkwy

City Baton Rouge State LA Zip Code 70806

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

Name of Employer Self Employed Occupation Environmental Inspector

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : C10306918**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address PO Box 1037

City Windermere State FL Zip Code 34786-1037

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

Name of Employer Compassionate Hearts Home Care LLC Occupation Entrepreneur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : C10293290**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address PO Box 1037

City Windermere State FL Zip Code 34786-1037

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

Name of Employer none Occupation none

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : C10293291**

Amount of Each Receipt this Period  
**250.00**

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

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

**1000.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 102
	<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)  
**M Jean Butler**

Mailing Address **PO Box 2352**

City **Winter Park** State **FL** Zip Code **32790**

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

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 29 / 2014**

**Transaction ID : C10307020**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **7275 SW 138th St**

City **Palmetto Bay** State **FL** Zip Code **33158-1277**

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

Name of Employer **Attorney** Occupation **Stewart Tilghman Fox Bianchi & Cain, P**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : C10292610**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **Information Requested**

City **Jacksonville** State **FL** Zip Code

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

Name of Employer **Information Requested** Occupation **Information Requested**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 29 / 2014**

**Transaction ID : C10307027**

Amount of Each Receipt this Period  
**500.00**

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

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

**1100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 102
	<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)  
**Gene E. Carter**

Mailing Address 2950 Melson Ave

City Jacksonville State FL Zip Code 32254

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

Name of Employer GEC TRUCKING INC Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : C10307312**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 6932 Springbank Way

City Stone Mountain State GA Zip Code 30087-5418

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

Name of Employer Self Employed Occupation Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : C10288938**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 5932

City Gainesville State FL Zip Code 32627

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : C10306921**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

**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 102
	<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**

Full Name (Last, First, Middle Initial) <b>Christopher Chestnut</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 303 Peachtree St NE Ste 4150		<b>Transaction ID : C10243257</b>
City Atlanta	State GA	
Zip Code 30308-3272		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Name of Employer Chestnut Law Firm
Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00

Full Name (Last, First, Middle Initial) <b>Hester T. Clark</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 1600 S Eads St. Apt. 832S		<b>Transaction ID : C10306991</b>
City Arlington	State VA	
Zip Code 22202		Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		Name of Employer Self Employed
Occupation Business Owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00

Full Name (Last, First, Middle Initial) <b>Sharon Coon</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 101 W 27th St.		<b>Transaction ID : C10307119</b>
City Jacksonville	State FL	
Zip Code 32206		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Name of Employer retired
Occupation retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 12 OF 102

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Paul Curtis**

Mailing Address **PO Box 756**

City **Riverview** State **FL** Zip Code **33568-0756**

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

Name of Employer **Curtoom Companies, Inc.** Occupation **Shareholder**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : C10293273**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Faith R Danford**

Mailing Address **4928 Top Royal Lane**

City **Jacksonville** State **FL** Zip Code **32277**

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

Name of Employer **Jacksonville Urban ?League Economic &** Occupation **Manager**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**825.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 29 / 2014**

**Transaction ID : C10307116**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address **2343 Jernigan Rd**

City **Jacksonville** State **FL** Zip Code **32207-7298**

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

Name of Employer **Wealth Watchers Inc.** Occupation **President**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : C10292279**

Amount of Each Receipt this Period  
**500.00**

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

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

**950.00**

**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 102
	<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**

Full Name (Last, First, Middle Initial) <b>A. Efrem J Davis</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1010 E Adams St		<b>Transaction ID : C10293766</b>
City Jacksonville	State FL	Zip Code 32202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2200.00
Name of Employer South Morr Property	Occupation Contractor	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2200.00	

Full Name (Last, First, Middle Initial) <b>B. Joseph N. Debs</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 4453 Glenn Kernan Parkway E		<b>Transaction ID : C10306919</b>
City Jacksonville	State FL	Zip Code 32224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Engineer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Valdez Demings</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 3139 Blakely Dr.		<b>Transaction ID : C10307019</b>
City Orlando	State FL	Zip Code 32835
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2950.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Full Name (Last, First, Middle Initial) <b>A. Sean Domnick</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 5129 Isabella Dr		<b>Transaction ID : C10291550</b>
City Palm Beach Gardens	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Domnick Law	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas Edwards, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 829 Mapleton Ter		<b>Transaction ID : C10292733</b>
City Jacksonville	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Peek & Cobb	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas Martin Fiorentino Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1520 Sawgrass Village Dr # 373		<b>Transaction ID : C10238278</b>
City Ponte Vedra Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Fiorentino Group	Occupation Government Relations	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Anthony J. Franklin**

Mailing Address 2455 Stockton Dr.

City Fleming Island	State FL	Zip Code 32003
------------------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		16		2014

**Transaction ID : C10306630**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4280 Cleveland Ave

City Fort Myers	State FL	Zip Code 33901-9033
--------------------	-------------	------------------------

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

Name of Employer Jeffrey R Garvin. PA	Occupation attorney
--	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		29		2014

**Transaction ID : C10290571**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1040 Emilys Walk Ln E

City Jacksonville	State FL	Zip Code 32221-4300
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FEC ID number of contributing federal political committee. **C**

Name of Employer Wealth Watchers	Occupation VP Community Development
-------------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		30		2014

**Transaction ID : C10292311**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 102
	<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)  
**William Gentry**

Mailing Address 136 Bay St  
Ste 300

City Jacksonville State FL Zip Code 32202

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2014

**Transaction ID : C10306631**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**James H Gilmore**

Mailing Address 143 Oceanwalk Dr S

City Atlantic Beach State FL Zip Code 32233

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

Name of Employer IGS Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : C10293764**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 336 Blanca Ave

City Tampa State FL Zip Code 33606-3630

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

Name of Employer Gunn Law Group, P.A. Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : C10238258**

Amount of Each Receipt this Period  
500.00

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

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

2000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 102
	<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)  
**Thomas S. Harmon**

Mailing Address 110 N 11th St. 2nd

City Tampa State FL Zip Code 33602

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : C10307111**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**William H. Harrell**

Mailing Address 4735 Sunbeam Rd

City Jacksonville State FL Zip Code 32257-6107

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

Name of Employer Information Requested Occupation Information Requested  
Harrell & Harrell, P.A. Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : C10290512**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 24652 Harbour View Dr

City Ponte Vedra Beach State FL Zip Code 32082-1501

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

Name of Employer Information Requested Occupation Information Requested  
Self Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : C10292517**

Amount of Each Receipt this Period  
2600.00

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

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

4100.00

**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 102  
(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)  
**James R Hoover**

Mailing Address 2801 Alvarado Ave

City Jacksonville State FL Zip Code 32217

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 18 / 2014

**Transaction ID : C10306988**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Hughes and Chesnut Burial Club**

Mailing Address P.O. Box 5932

City Gainesville State FL Zip Code 32627

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : C10306923**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**International Longshoremens Association #1408**

Mailing Address 2040 East 21 Street

City Jacksonville State FL Zip Code 32206

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : C10238293**

Amount of Each Receipt this Period  
 1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 102
	<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)  
**Island Doctors Interstate, LLC/Dave Culver**

Mailing Address 100 Arricola Ave

City Saint Augustine State FL Zip Code 32080

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : C10234543**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Howard I Korman**

Mailing Address PO Box 959

City Orange Park State FL Zip Code 32067

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

Name of Employer Occupation  
 Jacksonville Kennel Club President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 18 / 2014

**Transaction ID : C10306987**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 11250 Hartland Rd

City Jacksonville State FL Zip Code 32218

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

Name of Employer Occupation  
 retired retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : C10292734**

Amount of Each Receipt this Period  
 1000.00

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

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

4600.00

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

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

FOR LINE NUMBER: PAGE 20 OF 102  
(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)  
**kent lilly**

Mailing Address 800 S Florida Ave

City State Zip Code  
Lakeland FL 33801-5235

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

Name of Employer self Occupation attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : C10290274**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1249 NE 97th St

City State Zip Code  
Miami Shores FL 33138-2559

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

Name of Employer Ver Ploeg & Lumpkin, PA Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : C10290534**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 10121 Tavistock Rd

City State Zip Code  
Orlando FL 32827-7054

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

Name of Employer Dellecker Wilson King McKenna Ruffier Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : C10291417**

Amount of Each Receipt this Period  
 250.00

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

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

1250.00

**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 102
	<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)  
**Rudolph McKissick**

Mailing Address 9912 Margate Hills Rd

City Jacksonville	State FL	Zip Code 32256-1467
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Not Employed
-------------------------	----------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		31		2014

**Transaction ID : C10293763**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 9912 Margate Hills Rd

City Jacksonville	State FL	Zip Code 32256-1467
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Not Employed
-------------------------	----------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		31		2014

**Transaction ID : C10293765**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 608 E Central Blvd

City Orlando	State FL	Zip Code 32801-2917
-----------------	-------------	------------------------

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

Name of Employer McMillen Law Firm, P.A.	Occupation Attorney
---	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		28		2014

**Transaction ID : C10290341**

Amount of Each Receipt this Period  
500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 102
	<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)  
**Daniel Newlin**

Mailing Address 7335 W Sand Lake Rd  
Ste 300

City Orlando State FL Zip Code 32819-5539

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

Name of Employer none Occupation professional

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : C10290367**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Northern Florida Recruiting and Consulting Services Inc.**

Mailing Address P.O. Box 350609

City Jacksonville State FL Zip Code 32235

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : C10238273**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Ju'Coby Pittman**

Mailing Address P.O. Box 2028

City Jacksonville State FL Zip Code 32203

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

Name of Employer Occupation  
Clara White Mission President/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 29 / 2014

**Transaction ID : C10292732**

Amount of Each Receipt this Period  
1000.00

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

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

4600.00

**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 23 OF 102
	<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)  
**Luther D. Quarles**

Mailing Address 6359 Whispering Oaks Dr. N

City Jacksonville State FL Zip Code 32277

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : C10306920**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 12101 Crescent Cove Ct.

City Windermere State FL Zip Code 34786

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : C10306632**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1005 Lake Ave

City Lake Worth State FL Zip Code 33460-3709

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

Name of Employer Romano Law, PL Occupation lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : C10290123**

Amount of Each Receipt this Period  
1000.00

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

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

1800.00

**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 24 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Full Name (Last, First, Middle Initial) <b>Robert Rubenstein</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 3645 Saint Gaudens Rd		<b>Transaction ID : C10290520</b>
City Miami	State FL	Zip Code 33133-6532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Rubenstein Law	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>Michael Rywant</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 5807 SW 103rd St		<b>Transaction ID : C10292457</b>
City Gainesville	State FL	Zip Code 32608-8550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rywant, Alvarez	Occupation counselor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Elias N Saikali</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 7948 Vineyard Lake Rd. N		<b>Transaction ID : C10306997</b>
City Jacksonville	State FL	Zip Code 32256
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer North Florida Medical Associates	Occupation Associate	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3100.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 102
	<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)  
**Bruce Scheiner**

Mailing Address PO Box 61412

City State Zip Code  
Fort Myers FL 33906-1412

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

Name of Employer Occupation  
Associates & Bruce L. Scheiner Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 29 / 2014

**Transaction ID : C10291507**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 6970 Almours Dr.

City State Zip Code  
Jacksonville FL 32217

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

Name of Employer Occupation  
Sleiman Enterprises Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : C10238277**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 10904 Golden Eagle Ct

City State Zip Code  
plantarion FL 33324

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

Name of Employer Occupation  
Rossman,Baumberger Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 18 / 2014

**Transaction ID : C10306989**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 102
	<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)  
**Daniel Stallard**

Mailing Address 12996 Springs Manor Dr

City Jacksonville State FL Zip Code 32258

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : C10293761**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 1821 Sudbury Ln NW

City Washington State DC Zip Code 20012-2202

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

Name of Employer Broughton Construction Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : C10291692**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**The Jean-Bart Firm PL/Leslie Jean-Bart**

Mailing Address 303 N Liberty St

City Jacksonville State FL Zip Code 32202

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : C10234541**

Amount of Each Receipt this Period  
 1000.00

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

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

6100.00

**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 27 OF 102
	<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**

Full Name (Last, First, Middle Initial) <b>Frank Toral</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 4780 SW 64th Ave		<b>Transaction ID : C10291541</b>	
City State Zip Code Davie FL 33314-4400	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Self Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>Frank Toral</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014	
Mailing Address 4780 SW 64th Ave		<b>Transaction ID : C10305660</b>	
City State Zip Code Davie FL 33314-4400	Amount of Each Receipt this Period _____ 2500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Self Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2500.00		

Full Name (Last, First, Middle Initial) <b>Simeon Tyler</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address P.O. Box 40844		<b>Transaction ID : C10293762</b>	
City State Zip Code Jacksonville FL 32203	Amount of Each Receipt this Period _____ 2500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Self Employed Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 5500.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 102
	<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)  
**Stephen Watrel**

Mailing Address 805 Alhambra Dr N

City Jacksonville	State FL	Zip Code 32207-6050
----------------------	-------------	------------------------

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

Name of Employer Steve Watrel, P.A.	Occupation Attorney
--	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : C10290489**

Amount of Each Receipt this Period  
500.00

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

Mailing Address Communications & Intergov. Affairs  
1400 City Hall

City Jacksonville	State FL	Zip Code 32202
----------------------	-------------	-------------------

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

Name of Employer City of Jacksonville	Occupation Mayor's Aide
--	----------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : C10307030**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 110 N 11th St. 2nd Floor

City Tampa	State FL	Zip Code 33602
---------------	-------------	-------------------

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

Name of Employer Harmon, Woods, Parker & Abrunzo PA	Occupation Attorney
--	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : C10307112**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

**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 29 OF 102
	<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)  
**Arlene S Yegelwel**

Mailing Address 10234 Scott Mill Rd

City Jacksonville State FL Zip Code 32257-6225

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : C10234542**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Evan J Yegelwel**

Mailing Address 10234 Scott Mill Rd

City Jacksonville State FL Zip Code 32257-6225

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

Name of Employer Terrell Hogan Ellis Yegelwel Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : C10234540**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2000.00

62000.00

**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 30 OF 102
	<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)  
**Alachua County Democratic Executive Committee**

Mailing Address P.O. Box 223

City Gainesville State FL Zip Code 32602

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : C10306924**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Dealers Election Action Committee**

Mailing Address 8400 WESTPARK DRIVE

City MCLEAN State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : C10292731**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Florida East Coast Industries PAC**

Mailing Address 2855 LE JEUNE ROAD, 4TH FLOOR

City CORAL GABLES State FL Zip Code 33134

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : C10293767**

Amount of Each Receipt this Period  
2000.00

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

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

4200.00

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

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

FOR LINE NUMBER: PAGE 31 OF 102  
(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)  
**JOBS, OPPORTUNITIES AND EDUCATION PAC (JOE-PAC)**

Mailing Address 410 1st St SE  
Sesuite 310

City Washington State DC Zip Code 20003-1819

FEC ID number of contributing federal political committee. **C C00362384**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 29 / 2014

**Transaction ID : C10292730**

Amount of Each Receipt this Period  
1500.00

B. Full Name (Last, First, Middle Initial)  
**Laborers International Union of North America Political League**

Mailing Address 905 16th St NW

City Washington State DC Zip Code 20006-1703

FEC ID number of contributing federal political committee. **C C00007922**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : C10238280**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 2121 Crystal Dr  
Ste 100

City Arlington State VA Zip Code 22202

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : C10238279**

Amount of Each Receipt this Period  
2000.00

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 102
	<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)  
**Lorillard Public Affairs Committee**

Mailing Address **714 GREEN VALLEY ROAD**

City **GREENSBORO** State **NC** Zip Code **27408**

FEC ID number of contributing federal political committee. **C C00112888**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 03 / 2014**

**Transaction ID : C10306993**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Machinists Non-Partisan Political League**

Mailing Address **9000 Machinists Pl**

City **Upper Marlboro** State **MD** Zip Code **20772-2675**

FEC ID number of contributing federal political committee. **C C00002469**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 20 / 2014**

**Transaction ID : C10238263**

Amount of Each Receipt this Period  
 5000.00

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

Mailing Address **1850 M STREET, N.W.  
SUITE 1040**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00045781**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 03 / 2014**

**Transaction ID : C10306996**

Amount of Each Receipt this Period  
 1000.00

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

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

7000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 102
	<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)  
SEAWORLD PARKS & ENTERTAINMENT INC PAC (SEAWORLD PARKS & ENTERTAINMENT PAC)

Mailing Address 9205 SOUTH PARK CENTER LOOP  
SUITE 400

City Orlando State FL Zip Code 32819

FEC ID number of contributing federal political committee. **C** C00501163

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : C10238266**

Amount of Each Receipt this Period  
1000.00

**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

**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

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

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

1000.00

20700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. 4A's PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address <b>146 NE 138th St</b>		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : D558006</b>
City <b>Waldo</b> State <b>FL</b> Zip Code <b>32694</b>	Purpose of Disbursement <b>Donation</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. 7-Eleven</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 20 / 2014</b>
Mailing Address <b>1722 Routh St One Arts Plaza</b>		Amount of Each Disbursement this Period <b>25.84</b> <b>Transaction ID : D557440</b>
City <b>Dallas</b> State <b>TX</b> Zip Code <b>75201-2504</b>	Purpose of Disbursement <b>Food/Beverages</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. 7-Eleven</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 20 / 2014</b>
Mailing Address <b>1722 Routh St One Arts Plaza</b>		Amount of Each Disbursement this Period <b>16.37</b> <b>Transaction ID : D557441</b>
City <b>Dallas</b> State <b>TX</b> Zip Code <b>75201-2504</b>	Purpose of Disbursement <b>Food/Beverages</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>542.21</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 102		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. 7-Eleven</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1722 Routh St One Arts Plaza		Amount of Each Disbursement this Period 51.30
City Dallas	State TX	
Zip Code 75201-2504	Purpose of Disbursement Food/Beverage	Transaction ID : D557449
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mary Adams</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 235 Ravine St		Amount of Each Disbursement this Period 400.00
City Jacksonville	State FL	
Zip Code 32206	Purpose of Disbursement Campaign Worker	Transaction ID : D558268
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. ALoft Hotel Jacksonville</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 751 Skymarks Dr.		Amount of Each Disbursement this Period 88.00
City Jacksonville	State FL	
Zip Code 32218	Purpose of Disbursement Lodging	Transaction ID : D557028
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	539.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Aloft Hotel Jacksonville</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 751 Skymarks Dr.		Amount of Each Disbursement this Period 96.00 <b>Transaction ID : D557313</b>
City Jacksonville State FL Zip Code 32218	Purpose of Disbursement Lodging	
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: 2014 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aloft Hotel Jacksonville</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 751 Skymarks Dr.		Amount of Each Disbursement this Period 269.00 <b>Transaction ID : D557315</b>
City Jacksonville State FL Zip Code 32218	Purpose of Disbursement Lodging	
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: 2014 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Aloft Hotel Jacksonville</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 751 Skymarks Dr.		Amount of Each Disbursement this Period 96.50 <b>Transaction ID : D557317</b>
City Jacksonville State FL Zip Code 32218	Purpose of Disbursement Lodging	
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: 2014 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	461.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 102		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Aloft Hotel Jacksonville</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 751 Skymarks Dr.		Amount of Each Disbursement this Period 264.00 <b>Transaction ID : D557397</b>
City Jacksonville	State FL	
Zip Code 32218	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Aloft Hotel Jacksonville</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2014
Mailing Address 751 Skymarks Dr.		Amount of Each Disbursement this Period 103.00 <b>Transaction ID : D557398</b>
City Jacksonville	State FL	
Zip Code 32218	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. America Technology Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 7713 Stoney Creek Court		Amount of Each Disbursement this Period 412.00 <b>Transaction ID : D558091</b>
City Fairfax Station	State VA	
Zip Code 22039	Purpose of Disbursement Robo Calls	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	779.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 1101 17th St NW Ste 600		Amount of Each Disbursement this Period 1111.20
City Washington	State DC Zip Code 20036-4718	
Purpose of Disbursement Travel	Category/Type	<b>Transaction ID : D557363</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 1101 17th St NW Ste 600		Amount of Each Disbursement this Period 549.10
City Washington	State DC Zip Code 20036-4718	
Purpose of Disbursement Travel	Category/Type	<b>Transaction ID : D557341</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 1101 17th St NW Ste 600		Amount of Each Disbursement this Period 430.10
City Washington	State DC Zip Code 20036-4718	
Purpose of Disbursement Travel	Category/Type	<b>Transaction ID : D557343</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2090.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 1101 17th St NW Ste 600		Amount of Each Disbursement this Period 430.10 <b>Transaction ID : D557344</b>
City Washington State DC Zip Code 20036-4718	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 1101 17th St NW Ste 600		Amount of Each Disbursement this Period 337.10 <b>Transaction ID : D557345</b>
City Washington State DC Zip Code 20036-4718	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 1101 17th St NW Ste 600		Amount of Each Disbursement this Period 238.10 <b>Transaction ID : D557346</b>
City Washington State DC Zip Code 20036-4718	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1005.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 1101 17th St NW Ste 600		Amount of Each Disbursement this Period 238.10 <b>Transaction ID : D557347</b>
City Washington State DC Zip Code 20036-4718	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Austin's Soul Food Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 4807 North Main Street		Amount of Each Disbursement this Period 149.80 <b>Transaction ID : D557401</b>
City Jacksonville State FL Zip Code 32206	Purpose of Disbursement Meal/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Austin's Soulfood</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 5325 N Main St		Amount of Each Disbursement this Period 32.10 <b>Transaction ID : D557321</b>
City Jacksonville State FL Zip Code 32208-5323	Purpose of Disbursement Food/Beverages	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	420.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Barnett Jewelers</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address 13249 City Square Dr Ste 115		Amount of Each Disbursement this Period <b>295.96</b>
City Jacksonville State FL Zip Code 32218-7239	Purpose of Disbursement Donor Gift	<b>Transaction ID : D557356</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Barton Printing Inc</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 03 / 2014</b>
Mailing Address 1711 E Church St		Amount of Each Disbursement this Period <b>653.77</b>
City Jacksonville State FL Zip Code 32202-1119	Purpose of Disbursement Printing	<b>Transaction ID : D557930</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Barton Printing Inc</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2014</b>
Mailing Address 1711 E Church St		Amount of Each Disbursement this Period <b>1705.58</b>
City Jacksonville State FL Zip Code 32202-1119	Purpose of Disbursement Printing	<b>Transaction ID : D557992</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2655.31</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Barton Printing Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 1711 E Church St		Amount of Each Disbursement this Period 1905.46 <b>Transaction ID : D558001</b>
City Jacksonville State FL Zip Code 32202-1119	Purpose of Disbursement Printing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Barton Printing Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 1711 E Church St		Amount of Each Disbursement this Period 653.77 <b>Transaction ID : D558270</b>
City Jacksonville State FL Zip Code 32202-1119	Purpose of Disbursement Printing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Barton Printing Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 1711 E Church St		Amount of Each Disbursement this Period 653.77 <b>Transaction ID : D558027</b>
City Jacksonville State FL Zip Code 32202-1119	Purpose of Disbursement Printing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3213.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 102		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Barton Printing Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 1711 E Church St		Amount of Each Disbursement this Period 1706.65 <b>Transaction ID : D558047</b>
City Jacksonville State FL Zip Code 32202-1119	Purpose of Disbursement Printing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Barton Printing Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1711 E Church St		Amount of Each Disbursement this Period 653.77 <b>Transaction ID : D558061</b>
City Jacksonville State FL Zip Code 32202-1119	Purpose of Disbursement Printing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tonia Bell</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 18565 Soledad Canyon Rd. Suite 255		Amount of Each Disbursement this Period 1200.00 <b>Transaction ID : D558261</b>
City Canyon Country State CA Zip Code 91351	Purpose of Disbursement Better Not Bitter	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3560.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 102	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Johnny Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 5445 Soutel Drive Suite 80		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D557995</b>
City Jacksonville	State FL Zip Code 32208	
Purpose of Disbursement GOTV Early Voting	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mary Lawson Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 107 S 9th St, Palatka		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : D557997</b>
City Palatka	State FL Zip Code 32177	
Purpose of Disbursement Refreshment	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Theodore Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 107 S 9th St		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D557996</b>
City Palatka	State FL Zip Code 32177	
Purpose of Disbursement GOTV Early Voting	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Cato Travel DC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address Independence Ave SW			Amount of Each Disbursement this Period 30.00 <b>Transaction ID : D557395</b>
City Washington	State DC	Zip Code 20515	
Purpose of Disbursement Travel Agency Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Cato Travel DC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address Independence Ave SW			Amount of Each Disbursement this Period 30.00 <b>Transaction ID : D557033</b>
City Washington	State DC	Zip Code 20515	
Purpose of Disbursement Travel Agency Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Cato Travel DC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address Independence Ave SW			Amount of Each Disbursement this Period 30.00 <b>Transaction ID : D557034</b>
City Washington	State DC	Zip Code 20515	
Purpose of Disbursement Travel Agency Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Carolyn Chatman</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 4194 Broad Creek Ln		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D557922</b>
City Jacksonville	State FL Zip Code 32218-9188	
Purpose of Disbursement Campaign Worker	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chevron Gas</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 7431 Atlantic Blvd.		Amount of Each Disbursement this Period 40.27 <b>Transaction ID : D557032</b>
City Jacksonville	State FL Zip Code 32211	
Purpose of Disbursement Travel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Citizen's Academy Alumni Association</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address PO Box 140803 305 NW 75th St.		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : D558038</b>
City Gainesville	State FL Zip Code 32614	
Purpose of Disbursement Donation	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	940.27
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Clinton Green</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 8117 Colonnade Ct West		Amount of Each Disbursement this Period 1950.00 <b>Transaction ID : D557941</b>
City Jacksonville State FL Zip Code 32244	Purpose of Disbursement Catering	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Community Rehabilitation Center</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 5206 North Pearl St		Amount of Each Disbursement this Period 1300.00 <b>Transaction ID : D558293</b>
City Jacksonville State FL Zip Code 32208	Purpose of Disbursement Canvassing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Control Point Group LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 458 New Jersey Ave SE		Amount of Each Disbursement this Period 4031.02 <b>Transaction ID : D557946</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Robo Calls	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7281.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Control Point Group LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014		
Mailing Address 458 New Jersey Ave SE			Amount of Each Disbursement this Period 3310.33		
City Washington	State DC	Zip Code 20003	Transaction ID : D558004		
Purpose of Disbursement Robo Calls		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Cox Cable Television</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014		
Mailing Address 6020 NW 43rd Street			Amount of Each Disbursement this Period 1000.00		
City Gainesville	State FL	Zip Code 32653	Transaction ID : D558000		
Purpose of Disbursement Advertising		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Cracker Barrel</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014		
Mailing Address 4680 Lenoir Ave S			Amount of Each Disbursement this Period 174.14		
City Jacksonville	State FL	Zip Code 32216-4033	Transaction ID : D557013		
Purpose of Disbursement Food/Beverages		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4484.47
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Dawn Weston</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 822 A. Phillip Randolph Blvd		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D557998</b>
City Jacksonville	State FL Zip Code 32206	
Purpose of Disbursement Campaign T-Shirts	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DCS Congressional LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 600 Pennsylvania Ave SE Ste 200		Amount of Each Disbursement this Period 3400.00 <b>Transaction ID : D557942</b>
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Website Services	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Delta Air Lines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 176.60 <b>Transaction ID : D557448</b>
City Atlanta	State GA Zip Code 30320	
Purpose of Disbursement Travel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4576.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 102		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 5500 S Terminal Pkwy		Amount of Each Disbursement this Period 50.00
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel	<b>Transaction ID : D557029</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 5500 S Terminal Pkwy		Amount of Each Disbursement this Period 1877.20
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Travel	<b>Transaction ID : D557022</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 5500 S Terminal Pkwy		Amount of Each Disbursement this Period 701.20
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Trael	<b>Transaction ID : D557024</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2628.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Domino's Pizza</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 9 W. 45th St.			Amount of Each Disbursement this Period 111.19	
City Jacksonville	State FL	Zip Code 32208	Transaction ID : D557442	
Purpose of Disbursement Food/Beverages		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Edible Arrangements</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 11776 E Colonial Dr			Amount of Each Disbursement this Period 209.80	
City Orlando	State FL	Zip Code 32817	Transaction ID : D557009	
Purpose of Disbursement Fruit Basket		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Famous Amos Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 1111 Cesery Blvd			Amount of Each Disbursement this Period 360.00	
City Jacksonville	State FL	Zip Code 32211	Transaction ID : D557310	
Purpose of Disbursement Food/Beverage		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	680.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 102	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Florida State Conference of NAACP Branches</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2014</b>
Mailing Address <b>1107 Beecher Street</b>		Amount of Each Disbursement this Period <b>600.00</b> <b>Transaction ID : D557991</b>
City <b>Leesburg</b>	State <b>FL</b>	
Zip Code <b>34748</b>	Purpose of Disbursement <b>Banquet table</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>B. Evelyn Foxx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2014</b>
Mailing Address <b>959 SE 8th St</b>		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : D558289</b>
City <b>Gainesville</b>	State <b>FL</b>	
Zip Code <b>32601</b>	Purpose of Disbursement <b>Campaign Worker</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>c. Ms. Nina Frazier</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 03 / 2014</b>
Mailing Address <b>3302 Hadleigh Crest</b>		Amount of Each Disbursement this Period <b>1400.00</b> <b>Transaction ID : D558263</b>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32817</b>	Purpose of Disbursement <b>GOTV</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 102		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. G and E Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address Information Requested		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : D557989</b>
City Jacksonville	State FL	
Purpose of Disbursement Event Catering	Zip Code	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Genesis Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 7018 97th Ave		Amount of Each Disbursement this Period 207.54 <b>Transaction ID : D557945</b>
City Lanham	State MD	
Purpose of Disbursement Reimbursement	Zip Code 20706	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Genesis Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 7018 97th Ave		Amount of Each Disbursement this Period 343.50 <b>Transaction ID : D557924</b>
City Lanham	State MD	
Purpose of Disbursement Reimbursement	Zip Code 20706	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3051.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 102	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Genesis Robinson</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014	
Mailing Address 7018 97th Ave			Amount of Each Disbursement this Period 500.00	
City Lanham	State MD	Zip Code 20706	Transaction ID : D558310	
Purpose of Disbursement Campaign Worker		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Giant Oil</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014	
Mailing Address 4453 San Juan Ave			Amount of Each Disbursement this Period 39.68	
City Jacksonville	State FL	Zip Code 32210	Transaction ID : D557403	
Purpose of Disbursement Travel		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Giant Oil</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014	
Mailing Address 4453 San Juan Ave			Amount of Each Disbursement this Period 50.00	
City Jacksonville	State FL	Zip Code 32210	Transaction ID : D557410	
Purpose of Disbursement Travel		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	589.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Giant Oil</b>		Date of Disbursement
Mailing Address 4453 San Juan Ave		M M / D D / Y Y Y Y 11 / 01 / 2014
City Jacksonville	State FL	Zip Code 32210
Purpose of Disbursement Travel	Amount of Each Disbursement this Period 38.22	
Candidate Name	Transaction ID : D557359	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Glenel Bowden</b>		Date of Disbursement
Mailing Address PO Box 2003		M M / D D / Y Y Y Y 11 / 07 / 2014
City Lake City	State FL	Zip Code 32056
Purpose of Disbursement Reimbursement	Amount of Each Disbursement this Period 749.85	
Candidate Name	Transaction ID : D557926	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Glenel Bowden</b>		Date of Disbursement
Mailing Address PO Box 2003		M M / D D / Y Y Y Y 10 / 20 / 2014
City Lake City	State FL	Zip Code 32056
Purpose of Disbursement Reimbursement	Amount of Each Disbursement this Period 610.47	
Candidate Name	Transaction ID : D558245	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1398.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Glenel Bowden</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address PO Box 2003		Amount of Each Disbursement this Period 500.00
City Lake City	State FL	
Zip Code 32056	Purpose of Disbursement Campaign Worker	Transaction ID : D558291
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Glenel Bowden</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address PO Box 2003		Amount of Each Disbursement this Period 771.73
City Lake City	State FL	
Zip Code 32056	Purpose of Disbursement Reimbursement	Transaction ID : D558035
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Grand Bohemian Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2014
Mailing Address 325 S Orange Blvd		Amount of Each Disbursement this Period 334.82
City Orlando	State FL	
Zip Code 32801	Purpose of Disbursement Lodging	Transaction ID : D557429
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1606.55
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 102		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Grand Bohemian Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 325 S Orange Blvd		Amount of Each Disbursement this Period 1240.93 <b>Transaction ID : D557430</b>
City Orlando	State FL	
Zip Code 32801	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Grand Bohemian Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 325 S Orange Blvd		Amount of Each Disbursement this Period 1142.34 <b>Transaction ID : D557431</b>
City Orlando	State FL	
Zip Code 32801	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Grand Bohemian Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 325 S Orange Blvd		Amount of Each Disbursement this Period 501.46 <b>Transaction ID : D557432</b>
City Orlando	State FL	
Zip Code 32801	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2884.73
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Jacqueline B Gray</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 250 Downy Branch Ct		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D557920</b>
City Jacksonville State FL Zip Code 32225	Purpose of Disbursement Campaign Worker	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Donna Hardy</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 1853 Broadway Ave		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D557952</b>
City Jacksonville State FL Zip Code 32209-7507	Purpose of Disbursement Campaign Worker	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Hertz Rent A Car</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2014
Mailing Address 225 Brae Blvd		Amount of Each Disbursement this Period 28.00 <b>Transaction ID : D557433</b>
City Park Ridge State NJ Zip Code 07656	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1028.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Hertz Rent A Car</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 225 Brae Blvd		Amount of Each Disbursement this Period 492.06
City Park Ridge	State NJ	
Zip Code 07656	Purpose of Disbursement Travel	Transaction ID : D557396
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hess Gas Station</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 466 Blanding Blvd		Amount of Each Disbursement this Period 8.29
City Orange Park	State FL	
Zip Code 32073	Purpose of Disbursement Travel	Transaction ID : D557038
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hess Gas Station</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 466 Blanding Blvd		Amount of Each Disbursement this Period 6.92
City Orange Park	State FL	
Zip Code 32073	Purpose of Disbursement Travel	Transaction ID : D557039
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	507.27
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Hilton Convention Center</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2014</b>
Mailing Address <b>1751 Hotel Plaza Blvd</b>		Amount of Each Disbursement this Period <b>1208.15</b> <b>Transaction ID : D557305</b>
City <b>Orlando</b> State <b>FL</b> Zip Code <b>32830-8430</b>	Purpose of Disbursement <b>Lodging</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hilton Convention Center</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2014</b>
Mailing Address <b>1751 Hotel Plaza Blvd</b>		Amount of Each Disbursement this Period <b>303.76</b> <b>Transaction ID : D557307</b>
City <b>Orlando</b> State <b>FL</b> Zip Code <b>32830-8430</b>	Purpose of Disbursement <b>Lodging</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hilton Convention Center</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2014</b>
Mailing Address <b>1751 Hotel Plaza Blvd</b>		Amount of Each Disbursement this Period <b>258.76</b> <b>Transaction ID : D557309</b>
City <b>Orlando</b> State <b>FL</b> Zip Code <b>32830-8430</b>	Purpose of Disbursement <b>Lodging</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1770.67</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Hilton Convention Center</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 19 / 2014</b>
Mailing Address 1751 Hotel Plaza Blvd			Amount of Each Disbursement this Period <b>201.06</b> Transaction ID : <b>D557011</b>
City Orlando	State FL	Zip Code 32830-8430	
Purpose of Disbursement Lodging		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. Hilton Convention Center</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 19 / 2014</b>
Mailing Address 1751 Hotel Plaza Blvd			Amount of Each Disbursement this Period <b>198.88</b> Transaction ID : <b>D557012</b>
City Orlando	State FL	Zip Code 32830-8430	
Purpose of Disbursement Lodging		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>C. Hilton Convention Center</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 25 / 2014</b>
Mailing Address 1751 Hotel Plaza Blvd			Amount of Each Disbursement this Period <b>410.63</b> Transaction ID : <b>D557026</b>
City Orlando	State FL	Zip Code 32830-8430	
Purpose of Disbursement Lodging		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>810.57</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 102		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Hilton Convention Center</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 1751 Hotel Plaza Blvd		Amount of Each Disbursement this Period 219.38 <b>Transaction ID : D557027</b>
City Orlando State FL Zip Code 32830-8430	Purpose of Disbursement Lodging Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hilton Convention Center</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1751 Hotel Plaza Blvd		Amount of Each Disbursement this Period 1330.04 <b>Transaction ID : D558070</b>
City Orlando State FL Zip Code 32830-8430	Purpose of Disbursement Lodging Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Hyatt Regency</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 225 E Coastline Dr		Amount of Each Disbursement this Period 659.66 <b>Transaction ID : D557322</b>
City Jacksonville State FL Zip Code 32202	Purpose of Disbursement Lodging Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2119.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Hyatt Regency</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2014</b>
Mailing Address 225 E Coastline Dr		Amount of Each Disbursement this Period <b>495.70</b>
City Jacksonville State FL Zip Code 32202	Purpose of Disbursement Lodging	
Candidate Name	Category/Type	<b>Transaction ID : D557323</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hyatt Regency</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2014</b>
Mailing Address 225 E Coastline Dr		Amount of Each Disbursement this Period <b>18.35</b>
City Jacksonville State FL Zip Code 32202	Purpose of Disbursement Lodging	
Candidate Name	Category/Type	<b>Transaction ID : D557328</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Hyatt Regency</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2014</b>
Mailing Address 225 E Coastline Dr		Amount of Each Disbursement this Period <b>215.70</b>
City Jacksonville State FL Zip Code 32202	Purpose of Disbursement Lodging	
Candidate Name	Category/Type	<b>Transaction ID : D557330</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>729.75</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Hyatt Regency</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 225 E Coastline Dr		Amount of Each Disbursement this Period 215.70 <b>Transaction ID : D557331</b>
City Jacksonville State FL Zip Code 32202	Purpose of Disbursement Lodging	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ilene's for Fashion</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2014
Mailing Address 2441 NW 43rd St Ste 25B		Amount of Each Disbursement this Period 355.64 <b>Transaction ID : D557421</b>
City Gainesville State FL Zip Code 32606-7433	Purpose of Disbursement Gifts for Supporters	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. J Pope Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 10503 Sweetbriar Parkway		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : D558056</b>
City Silver Spring State MD Zip Code 20903	Purpose of Disbursement Compliance Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2571.34
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 102		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. J.E.A.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 21 West Church St.		Amount of Each Disbursement this Period 553.66 <b>Transaction ID : D557931</b>
City Jacksonville	State FL	
Zip Code 32202	Purpose of Disbursement Campaign Lights	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. JEA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 43 West Church St.		Amount of Each Disbursement this Period 506.54 <b>Transaction ID : D558241</b>
City Jacksonville	State FL	
Zip Code 32202	Purpose of Disbursement Lights in Campaign Office	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. William Jennings</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address Rt. 1, Box 1-k, Hwy 121		Amount of Each Disbursement this Period 384.00 <b>Transaction ID : D558043</b>
City Hoboken	State GA	
Zip Code 31542	Purpose of Disbursement Campaign Worker	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1444.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 102		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. William Jennings</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address Rt. 1, Box 1-k, Hwy 121		Amount of Each Disbursement this Period 480.00 <b>Transaction ID : D557948</b>
City Hoboken	State GA	
Zip Code 31542	Purpose of Disbursement Campaign Worker	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Junior's Seafood Restaurant and Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 9349 N Main St		Amount of Each Disbursement this Period 79.36 <b>Transaction ID : D557404</b>
City Jacksonville	State FL	
Zip Code 32218	Purpose of Disbursement food/beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Alice Kimbrough</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 898 Van Buren St		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : D557935</b>
City Jacksonville	State FL	
Zip Code 32206-5783	Purpose of Disbursement Ice Cream	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	909.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Krispy Kreeme Donuts</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2014</b>
Mailing Address 12973 Atlantic Blvd		Amount of Each Disbursement this Period <b>375.00</b> Transaction ID : D557325
City Jacksonville State FL Zip Code 32225-3121	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Krispy Kreeme Donuts</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2014</b>
Mailing Address 12973 Atlantic Blvd		Amount of Each Disbursement this Period <b>29.16</b> Transaction ID : D557326
City Jacksonville State FL Zip Code 32225-3121	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Krispy Kreeme Donuts</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address 12973 Atlantic Blvd		Amount of Each Disbursement this Period <b>14.96</b> Transaction ID : D557036
City Jacksonville State FL Zip Code 32225-3121	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>419.12</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. L.W. Metzger IV</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address P.O. Box 68		Amount of Each Disbursement this Period 1864.00 <b>Transaction ID : D558002</b>
City Cape Canaveral	State FL	
Zip Code 32920	Purpose of Disbursement Campaign Banners	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Nicholas Martinelli</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 3717 Rolling Hills Ave Apt D3		Amount of Each Disbursement this Period 1949.88 <b>Transaction ID : D557923</b>
City Alexandria	State VA	
Zip Code 22309-3759	Purpose of Disbursement Reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Beatrice Matthews</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 6033 Kinnon Dr.		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D557955</b>
City Jacksonville	State FL	
Zip Code 32209	Purpose of Disbursement Campaign Worker	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4313.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Rosemary O. McCoy</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 1418 Manotak Point Dr. Unti 105		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : D557953</b>
City Jacksonville State FL Zip Code 32210	Purpose of Disbursement Campaign Worker	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shirley Mikel-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 7777 Normandy Blvd Apt 109		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D557950</b>
City Jacksonville State FL Zip Code 32221-7660	Purpose of Disbursement Campaign Worker	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Constance Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2014
Mailing Address 5440 Calloway Court		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D558311</b>
City Jacksonville State FL Zip Code 32209	Purpose of Disbursement Campaign Worker	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Millers Produce</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 7303 N Pearl St		Amount of Each Disbursement this Period 29.90
City Jacksonville	State FL Zip Code 32208	
Purpose of Disbursement Food/Beverages	Candidate Name	Transaction ID : D557333
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Alvin Moore</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 347 Lime St		Amount of Each Disbursement this Period 1000.00
City Eatonville	State FL Zip Code 32751	
Purpose of Disbursement Campaign Worker	Candidate Name	Transaction ID : D558258
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Mr. Will Oglesby</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 2428 White Horse Rd W		Amount of Each Disbursement this Period 350.00
City Jacksonville	State FL Zip Code 32246	
Purpose of Disbursement Entertainment	Candidate Name	Transaction ID : D557932
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1379.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Mr. William Gillard</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 8109 Paul Jones Dr.			Amount of Each Disbursement this Period 500.00	
City Jacksonville	State FL	Zip Code 32208	Transaction ID : D557937	
Purpose of Disbursement Entertainment		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Mr. William Gillard</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 8109 Paul Jones Dr.			Amount of Each Disbursement this Period 500.00	
City Jacksonville	State FL	Zip Code 32208	Transaction ID : D558040	
Purpose of Disbursement Entertainment		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Ms. Dawn Watson</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 822 A Philip Randolph Blv.			Amount of Each Disbursement this Period 1750.00	
City Jacksonville	State FL	Zip Code 32206	Transaction ID : D558025	
Purpose of Disbursement T-Shirts		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 102		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Dawn Watson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 822 A Philip Randolph Blv.		Amount of Each Disbursement this Period 1220.00 <b>Transaction ID : D558003</b>
City Jacksonville State FL Zip Code 32206	Purpose of Disbursement T-Shirts	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ms. Dawn Watson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 822 A Philip Randolph Blv.		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : D558005</b>
City Jacksonville State FL Zip Code 32206	Purpose of Disbursement T-Shirts	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ms. Elaine Ford</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 11411 Woodsong Loop S		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D557928</b>
City Jacksonville State FL Zip Code 32225-1032	Purpose of Disbursement Campaign Worker	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2420.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Jacquelyn J. Nash</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 3025 Altamont Ave E		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D558276</b>
City Jacksonville	State FL	
Zip Code 32208	Purpose of Disbursement Campaign Worker	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Neighborhood Alliance Development Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 1336 N. Myrtle Ave		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : D558365</b>
City Jacksonville	State FL	
Zip Code 32209	Purpose of Disbursement GOTV	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Party Palace</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 10879 Java Dr		Amount of Each Disbursement this Period 85.00 <b>Transaction ID : D557940</b>
City Jacksonville	State FL	
Zip Code 32246	Purpose of Disbursement Equipment Rental for Event	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2085.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 102			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Pamela Payne</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 4280 Bleinheim Place		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D558287</b>
City Jacksonville	State FL Zip Code 32225	
Purpose of Disbursement Reimbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PNC Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 1 PNC Plaza		Amount of Each Disbursement this Period 133.71 <b>Transaction ID : D557409</b>
City Pittsburgh	State PA Zip Code 15265	
Purpose of Disbursement Credit Card Processing Fees	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PNC Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1 PNC Plaza		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : D557361</b>
City Pittsburgh	State PA Zip Code 15265	
Purpose of Disbursement Credit Card Processing Fees	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1168.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. PNC Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2014</b>
Mailing Address <b>1 PNC Plaza</b>		Amount of Each Disbursement this Period <b>544.77</b>
City <b>Pittsburgh</b> State <b>PA</b> Zip Code <b>15265</b>	Purpose of Disbursement <b>Credit Card Processing Fees</b>	
Candidate Name	Category/Type	<b>Transaction ID : D557362</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PNC Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 05 / 2014</b>
Mailing Address <b>1 PNC Plaza</b>		Amount of Each Disbursement this Period <b>277.46</b>
City <b>Pittsburgh</b> State <b>PA</b> Zip Code <b>15265</b>	Purpose of Disbursement <b>Credit Card Processing Fees</b>	
Candidate Name	Category/Type	<b>Transaction ID : D557369</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PNC Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 05 / 2014</b>
Mailing Address <b>1 PNC Plaza</b>		Amount of Each Disbursement this Period <b>61.25</b>
City <b>Pittsburgh</b> State <b>PA</b> Zip Code <b>15265</b>	Purpose of Disbursement <b>Credit Card Processing Fees</b>	
Candidate Name	Category/Type	<b>Transaction ID : D557372</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>883.48</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

**A. PNC Merchant Services**

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

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 05 / 2014

Amount of Each Disbursement this Period: 0.05

Transaction ID : D557374

**B. Frank M Powell**

Full Name (Last, First, Middle Initial)  
Mailing Address 2324 Broadway Ave

City Jacksonville State FL Zip Code 32209-7420

Purpose of Disbursement  
Campaign Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 05 / 2014

Amount of Each Disbursement this Period: 500.00

Transaction ID : D557957

**C. PP Guimond Design**

Full Name (Last, First, Middle Initial)  
Mailing Address 1050 F Goodman Circle Gastonia

City Gastonia State NC Zip Code 28054

Purpose of Disbursement  
Donor Gifts

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 20 / 2014

Amount of Each Disbursement this Period: 252.00

Transaction ID : D558089

**SUBTOTAL** of Disbursements This Page (optional) ..... 752.05

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. PP Guimond Design</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 1050 F Goodman Circle Gastonia		Amount of Each Disbursement this Period 49.00
City Gastonia	State NC	
Zip Code 28054		
Purpose of Disbursement Donor Gifts		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Joyce Price</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 3004 Breve Dr		Amount of Each Disbursement this Period 1000.00
City Jacksonville	State FL	
Zip Code 32209		
Purpose of Disbursement Campaign Worker		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Racetrac</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 4644 Atlantic Blvd		Amount of Each Disbursement this Period 33.22
City Jacksonville	State FL	
Zip Code 32207		
Purpose of Disbursement Travel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1082.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Racetrac</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 4644 Atlantic Blvd		Amount of Each Disbursement this Period 21.90
City Jacksonville	State FL Zip Code 32207	
Purpose of Disbursement Travel	Category/Type	<b>Transaction ID : D557407</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Racetrac</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 4644 Atlantic Blvd		Amount of Each Disbursement this Period 19.79
City Jacksonville	State FL Zip Code 32207	
Purpose of Disbursement Travel	Category/Type	<b>Transaction ID : D557408</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Racetrac</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 4644 Atlantic Blvd		Amount of Each Disbursement this Period 40.85
City Jacksonville	State FL Zip Code 32207	
Purpose of Disbursement Travel	Category/Type	<b>Transaction ID : D557030</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	82.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Racetrac</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 4644 Atlantic Blvd		Amount of Each Disbursement this Period 25.80
City Jacksonville State FL Zip Code 32207	Purpose of Disbursement Travel	
Candidate Name	Category/Type	<b>Transaction ID : D557031</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Racetrac</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 4644 Atlantic Blvd		Amount of Each Disbursement this Period 49.01
City Jacksonville State FL Zip Code 32207	Purpose of Disbursement Travel	
Candidate Name	Category/Type	<b>Transaction ID : D557004</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Raceway</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 9940 Atlantic Blvd.		Amount of Each Disbursement this Period 45.36
City Jacksonville State FL Zip Code 32225	Purpose of Disbursement Travel	
Candidate Name	Category/Type	<b>Transaction ID : D557319</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	120.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Raceway</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2014</b>
Mailing Address <b>9940 Atlantic Blvd.</b>		Amount of Each Disbursement this Period <b>25.00</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32225</b>	Purpose of Disbursement <b>Travel</b>	<b>Transaction ID : D557320</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Raceway</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 02 / 2014</b>
Mailing Address <b>9940 Atlantic Blvd.</b>		Amount of Each Disbursement this Period <b>75.00</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32225</b>	Purpose of Disbursement <b>Travel</b>	<b>Transaction ID : D557375</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Raceway</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 02 / 2014</b>
Mailing Address <b>9940 Atlantic Blvd.</b>		Amount of Each Disbursement this Period <b>31.88</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32225</b>	Purpose of Disbursement <b>Travel</b>	<b>Transaction ID : D557376</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>131.88</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Raceway</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 9940 Atlantic Blvd.		Amount of Each Disbursement this Period 60.00
City Jacksonville	State FL Zip Code 32225	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : D557380
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Raceway</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 9940 Atlantic Blvd.		Amount of Each Disbursement this Period 33.92
City Jacksonville	State FL Zip Code 32225	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : D557381
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Raceway</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 9940 Atlantic Blvd.		Amount of Each Disbursement this Period 75.00
City Jacksonville	State FL Zip Code 32225	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : D557383
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	168.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Raceway</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 9940 Atlantic Blvd.		Amount of Each Disbursement this Period 31.65 <b>Transaction ID : D557384</b>
City Jacksonville State FL Zip Code 32225	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Raceway</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 9940 Atlantic Blvd.		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : D557385</b>
City Jacksonville State FL Zip Code 32225	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Raceway</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 9940 Atlantic Blvd.		Amount of Each Disbursement this Period 34.31 <b>Transaction ID : D557360</b>
City Jacksonville State FL Zip Code 32225	Purpose of Disbursement Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	95.96
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Raceway</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 9940 Atlantic Blvd.		Amount of Each Disbursement this Period 68.68 <b>Transaction ID : D557350</b>
City Jacksonville	State FL Zip Code 32225	
Purpose of Disbursement Travel	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Raceway</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 9940 Atlantic Blvd.		Amount of Each Disbursement this Period 47.48 <b>Transaction ID : D557352</b>
City Jacksonville	State FL Zip Code 32225	
Purpose of Disbursement Travel	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Red Lobster</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 1000 Darden Center Dr		Amount of Each Disbursement this Period 55.54 <b>Transaction ID : D557405</b>
City Orlando	State FL Zip Code 32837	
Purpose of Disbursement food/beverage	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	171.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 102		
	<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. Red Lobster**

Mailing Address 1000 Darden Center Dr

City Orlando State FL Zip Code 32837

Purpose of Disbursement food/beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 11 / 16 / 2014

Amount of Each Disbursement this Period 221.87

Transaction ID : D557422

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

Mailing Address 2101 SE Simple Savings Dr

City Bentonville State AR Zip Code 72712-4304

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 11 / 10 / 2014

Amount of Each Disbursement this Period 124.18

Transaction ID : D557402

Full Name (Last, First, Middle Initial)  
**c. Ronita Sanders**

Mailing Address 4519 Lenox Blvd

City Orlando State FL Zip Code 32811

Purpose of Disbursement Campaign Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 10 / 25 / 2014

Amount of Each Disbursement this Period 250.00

Transaction ID : D558412

**SUBTOTAL** of Disbursements This Page (optional) ..... 596.05

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 102		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Elias Simmons</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 3563 Carriage Walk Lane		Amount of Each Disbursement this Period 2671.29 <b>Transaction ID : D557925</b>
City Laurel	State MD	
Zip Code 20724	Purpose of Disbursement Reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Elias Simmons</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 3563 Carriage Walk Lane		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D557919</b>
City Laurel	State MD	
Zip Code 20724	Purpose of Disbursement Campaign Worker	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Frances Simmons</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 12055 Saverio Lane		Amount of Each Disbursement this Period 538.31 <b>Transaction ID : D557943</b>
City Jacksonville	State FL	
Zip Code 32225	Purpose of Disbursement Reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3709.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 102		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Frances Simmons</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 12055 Saverio Lane		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D557944</b>
City Jacksonville	State FL	
Zip Code 32225	Purpose of Disbursement Campaign Worker	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Frances Simmons</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 12055 Saverio Lane		Amount of Each Disbursement this Period 365.95 <b>Transaction ID : D558058</b>
City Jacksonville	State FL	
Zip Code 32225	Purpose of Disbursement Reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Frances Simmons</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 12055 Saverio Lane		Amount of Each Disbursement this Period 1217.10 <b>Transaction ID : D558028</b>
City Jacksonville	State FL	
Zip Code 32225	Purpose of Disbursement Reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2083.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Soul Food Bistro</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 5119 Normandy Blvd			Amount of Each Disbursement this Period 939.50 <b>Transaction ID : D558266</b>
City Jacksonville	State FL	Zip Code 32205	
Purpose of Disbursement Food/Beverages	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Soul Food Bistro</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 5119 Normandy Blvd			Amount of Each Disbursement this Period 233.21 <b>Transaction ID : D557312</b>
City Jacksonville	State FL	Zip Code 32205	
Purpose of Disbursement Food/Beverages	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Stephan R. Leimberg</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 17 Red Maple Rd.			Amount of Each Disbursement this Period 800.00 <b>Transaction ID : D557990</b>
City Fernandina Beach	State FL	Zip Code 32034	
Purpose of Disbursement Campaign Photos	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1972.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 102		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Stephany Neal</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 6115 Gothic Lane		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D558408</b>
City Bowie	State MD	
Zip Code 20720	Purpose of Disbursement Campaign Worker	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Sun Country Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1300 Mendota Heights Rd.		Amount of Each Disbursement this Period 429.60 <b>Transaction ID : D557447</b>
City Saint Paul	State MN	
Zip Code 55120	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Patricia Taylor</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 1226 Halifax Rd		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D558273</b>
City Jacksonville	State FL	
Zip Code 32216	Purpose of Disbursement Campaign Worker	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1429.60
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Patricia Taylor</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 1226 Halifax Rd		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D558274</b>
City Jacksonville	State FL Zip Code 32216	
Purpose of Disbursement Campaign Worker	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tela Dasher</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 6341 Tree Top Circle Way		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : D558260</b>
City Jacksonville	State FL Zip Code 32224	
Purpose of Disbursement Cleaning	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Tiffany Moore Russell Democrat for Orange County Clerk of the Courts</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address P.O. Box 682107		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D558255</b>
City Orlando	State FL Zip Code 32868	
Purpose of Disbursement Donation	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Tiki Graphics Co</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 5290 Norwood Ave Ste 8		Amount of Each Disbursement this Period 224.70
City Jacksonville	State FL Zip Code 32208-5017	
Purpose of Disbursement Printing	Category/Type	Transaction ID : D558054
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tiki Graphics Co</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 5290 Norwood Ave Ste 8		Amount of Each Disbursement this Period 1551.50
City Jacksonville	State FL Zip Code 32208-5017	
Purpose of Disbursement Printing	Category/Type	Transaction ID : D557993
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Travis Bridges for Duval Soil And Water Conservation Group 3</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address Information Requested		Amount of Each Disbursement this Period 500.00
City Jacksonville	State FL Zip Code	
Purpose of Disbursement Donation	Category/Type	Transaction ID : D558250
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2276.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 102		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 1200 Pennsylvania Ave NW		Amount of Each Disbursement this Period 49.00
City Washington	State DC	
Zip Code 20004-2403	Purpose of Disbursement Postage	Transaction ID : D558300
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 252.10
City Phoenix	State AZ	
Zip Code 85034-3802	Purpose of Disbursement Travel	Transaction ID : D557389
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 153.10
City Phoenix	State AZ	
Zip Code 85034-3802	Purpose of Disbursement Travel	Transaction ID : D557390
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	454.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 981.79
City Phoenix	State AZ	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : D557391
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2014
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 546.20
City Phoenix	State AZ	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : D557392
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Value Place</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 8341 Dames Point Crossing Blvd		Amount of Each Disbursement this Period 282.49
City Jacksonville	State FL	
Purpose of Disbursement Lodging	Candidate Name	Transaction ID : D557311
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	981.79
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Voncier Alexander</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 1924 Broward Rd		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D557929</b>
City Jacksonville	State FL Zip Code 32218	
Purpose of Disbursement Campaign Worker	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Voncier Alexander</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 1924 Broward Rd		Amount of Each Disbursement this Period 2640.00 <b>Transaction ID : D558303</b>
City Jacksonville	State FL Zip Code 32218	
Purpose of Disbursement Media and Signs	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address PO Box 563966		Amount of Each Disbursement this Period 2.50 <b>Transaction ID : D557425</b>
City Charlotte	State NC Zip Code 28262	
Purpose of Disbursement Service Charge	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3142.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address PO Box 563966		Amount of Each Disbursement this Period 2.50
City Charlotte	State NC	
Zip Code 28262	Purpose of Disbursement Service Charge	Transaction ID : D557414
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address PO Box 563966		Amount of Each Disbursement this Period 2.50
City Charlotte	State NC	
Zip Code 28262	Purpose of Disbursement Service Charge	Transaction ID : D557415
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address PO Box 563966		Amount of Each Disbursement this Period 2.50
City Charlotte	State NC	
Zip Code 28262	Purpose of Disbursement Service Charge	Transaction ID : D557416
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 102		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address PO Box 563966		Amount of Each Disbursement this Period 2.50
City Charlotte	State NC	
Zip Code 28262	Purpose of Disbursement Bank Fee	Transaction ID : D557007
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO Box 563966		Amount of Each Disbursement this Period 2.50
City Charlotte	State NC	
Zip Code 28262	Purpose of Disbursement Bank Fee	Transaction ID : D557021
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Carla Anderson Wiley</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 20280 sucolin Rd		Amount of Each Disbursement this Period 500.00
City Leesburg	State VA	
Zip Code 20175	Purpose of Disbursement Campaign Worker	Transaction ID : D557918
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	505.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. William Cherry</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 7564 Reed Street		Amount of Each Disbursement this Period 2060.00 <b>Transaction ID : D557933</b>
City Jacksonville	State FL Zip Code 32208	
Purpose of Disbursement Catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. William Cherry</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 7564 Reed Street		Amount of Each Disbursement this Period 1175.00 <b>Transaction ID : D557949</b>
City Jacksonville	State FL Zip Code 32208	
Purpose of Disbursement Catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. William Cherry</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 7564 Reed Street		Amount of Each Disbursement this Period 1328.00 <b>Transaction ID : D558033</b>
City Jacksonville	State FL Zip Code 32208	
Purpose of Disbursement Catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4563.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Linda Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 3642 Mindy Ashley Ln		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D557951</b>
City Jacksonville	State FL Zip Code 32218-2961	
Purpose of Disbursement Campaign Worker	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Women of Color Cultural Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 100 Festival Park Ave		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D557994</b>
City Jacksonville	State FL Zip Code 32202-1309	
Purpose of Disbursement Donation	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	105515.70

**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 98 OF 102			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Ghyabi &amp; Associates Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2014</b>
Mailing Address <b>1459 N US HWY 1 Ste. 3</b>		Amount of Each Disbursement this Period <b>1500.00</b> <b>Transaction ID : D554029</b>
City <b>Ormond Beach</b>	State <b>FL</b>	
Zip Code <b>32174</b>	Purpose of Disbursement <b>Refund of contribution</b>	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. International Longshoremen Association #1408</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2014</b>
Mailing Address <b>2040 East 21 Street</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : D554026</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32206</b>	Purpose of Disbursement <b>Refund to the Union</b>	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Northern Florida Recruiting and Consulting Services Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2014</b>
Mailing Address <b>P.O. Box 350609</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : D554025</b>
City <b>Jacksonville</b>	State <b>FL</b>	
Zip Code <b>32235</b>	Purpose of Disbursement <b>Refund to a company</b>	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>3500.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Friends of Corrine Brown

Transaction ID : L815

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

**[PERSONAL FUNDS]**

Election: 2010

Primary  
 General  
 Other (specify) ▼

Mailing Address  
611 Appian Way West

City State ZIP Code  
Jacksonville FL 32208

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

**TERMS**

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

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

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

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

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

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

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

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Friends of Corrine Brown

Transaction ID : L1011

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

**[PERSONAL FUNDS]**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
611 Appian Way West

City State ZIP Code  
Jacksonville FL 32208

Original Amount of Loan 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 M / D D / 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 2000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ] 2500.00

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

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

**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 <b>Main Street Communications</b>		Nature of Debt (Purpose): Communications Consulting Services
Mailing Address 1300 NE 94th St		
City State	Zip Code	
Miami Shores FL	33138	

Outstanding Balance Beginning This Period	<b>Transaction ID : D472904</b>	
<input type="text" value="6450.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="6450.00"/>

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

Outstanding Balance Beginning This Period	<b>Transaction ID : D488834</b>	
<input type="text" value="120.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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