

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sheppard, White and Thomas 215 Washington Street Jacksonville, FL 32202-	Partnership Attribution Listed Individually Occupation See separate listing for partnership Aggregate Year-to-Date ->		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
B. Full Name, Mailing Address and Zip Code Robert Levy 780 NE 69th Street, Apt. 1703 Miami, FL 33138-	Robert M Levy & Associates Occupation Owner Aggregate Year-to-Date ->	11/02/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
C. Full Name, Mailing Address and Zip Code Clinton Stretch 1519 N. Jefferson Street Arlington, VA 22205-	Deloitte & Touche Occupation Attorney Aggregate Year-to-Date ->	11/02/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
D. Full Name, Mailing Address and Zip Code Paul Rothstein 626 NE First Street Gainesville, FL 32601-	Information Requested Occupation Information Requested Aggregate Year-to-Date ->	11/02/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
E. Full Name, Mailing Address and Zip Code Steven Kazan 21 Sharon Avenue Oakland, CA 94611-	Kazan, McClain, et al Occupation Attorney Aggregate Year-to-Date ->	11/02/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
F. Full Name, Mailing Address and Zip Code Stephen Embry 389 Grassy Hill Road Old Lyme, CT 06371-3500	Embry & Keusner Occupation Attorney Aggregate Year-to-Date ->	11/02/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
G. Full Name, Mailing Address and Zip Code Josae Faerber 2720 Paddock Road Fort Lauderdale, FL 33331-	Fenster, Faerber et al Occupation Attorney Aggregate Year-to-Date ->	11/02/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	2,500.00
TOTAL This Period (last page this line number only)	