eetall Yes No	liabilities of a spouse or your dependent child because they meet all thics.	arned" income, transactions, or utted with the Committee on Et	EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
ad from Yes No 🔳	her "excepted trusts" need not be disclosed. Have you excluded from	mittee on Ethics and certain other	TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" neethis report details of such a trust that benefits you, your spouse, or your dependent child?
contact Yes No	porting period? If you answered "yes" to this question, please contact	ial Public Offering during the rep	IPO — Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you and the Committee on Ethics for further guidance.
E QUESTIONS	ORMATION - ANSWER <u>EACH</u> OF THESE	NT, OR TRUST INFORMATION	IPO AND EXCLUSION OF SPOUSE, DEPENDENT,
E IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Yes X No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
ty in Yes No X	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes X No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
y han Yes X No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes No X	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
y gle Yes X No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	Yes No X	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
ith an Yes X No	Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes X No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?
		THESE QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH OF
	Amendment 2014 FDS Termination Date of Termination:	X Amendment 20	REPORT 2014 Annual (Due: May 15, 2015)
	Officer or Employing Office: Employee	05 	FILER X Member of or Candidate for State: FL STATUS Nember of or Candidate for State: FL U.S. House of Representatives District: O
2015 NOV -4 PM 1:52	Daytime Telephone: 202-225-0123	Daytime Teleph	Name:Hon. Corrine Brown
	Form A For Use by Members, Officers, and Employees		UNITED STATES HOUSE OF REPRESENTATIVES 2014 FINANCIAL DISCLOSURE STATEMENT

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Hon. Corrine Brown

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				5	Βź	┢	Exau	T	For a detailed discussion of Schedule requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second fromes and vacation fromes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Blook A.	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in unearned income during the year.	Identify (a) each asset held for investment or production of income and with a fair market value	۶	١
				/ric	ant		Examples:		deta ents, j	choo sourc e opt	lrwe	t prog	ic of pu	ppent,	and west-	int the	Se on	any any and any and	9	set	ı
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\vdash				\vdash		<u> </u>		\vdash		Asset with Inc	ome over \$1	,000,000				-1	Column XII is for assets held by your spouse or dependent child	by checking the appropriate box below, and capital gains, even if reinvested, as income for assets held in taxable "None" if no income was earned or	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the		
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						•			S(part), or E						Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold, please indicate as follows: (S (part)).	period. If only a portion of	purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting	Indicate if the asset had	Transaction	BLOCKE
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SCHEDULE D - LIABILITIES

Name: Hon. Corrine Brown Page 3 of 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

*Column K is for liabilities held solely by your spouse or dependent child.

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								≱	Amount of Liability	of Lia	bility			
	_		Data		٨		° 	9		-TI	ه 	-		
SP, DC.JT	3	Creditor	Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,000	\$25,000,001- \$50,000,000
	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×						
	Wrigh	Wright Patman Congressional FCU	12/1995	Personal Loan	×									
	Bank	Bank of America	01/1995	Mortgage (Jacksonville, FL)		_		×						
	Bank	Bank of America	10/1998	Mortgage (Alexandria, VA)					×					
	Wrigh	Wright Patman Congressional FCU	10/2009	Mortgage (Jacksonville Beach House				×						

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions

held in any religious, social, fraternal, or political entities (sur	held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization
Board Member	Communities in Schools of Jacksonville

SCHEDULE F - AGREEMENTS

i d	Name:
	Page 4 of 5

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
10/2008	10/2008 State of Florida	Pension for Services in Florida State Legislature

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
Association of American Railroads 425 Third St. SW, Suite 1000 Washington DC 20024	Legal Expense Trust	\$5,000
John D. Baker II 200 West Forsyth St. Jacksonville, Fl 32202	Legal Expense Trust	\$2,500
W.W. Gay Mechanical Contractor, Inc. 524 Stocton St. Jacksonville, FL 32204	Legal Expense Trust	\$5,000
S. Clark Butler Properties, LTD PO Box 14005 Gainesville, FL 32614	Legal Expense Trust	\$5,000

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Hon. Corrine Brown Page_ Ġ

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor. را_بة

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Source	Date(s)	City of Departure – Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Government of China (MECEA)	Aug. 6-11	DC-Beijing, China - DC	٧	٧	ν.
Examples: Habitat for Humanity (charity fundrateer)	Mar. 3-4	DC-Boston-DC	٧	Υ	۲
The Humpty Dumpty Institute (HDI)	Mar 31 - April 1	JAX- NYC- DC	~	Y	Z
Congressional Black Caucus Institut	Aug 7 - 9	JAX - Tunica, MS - JAX	Y	~	Z