PER SON		# II <	≈			if year	PRE	<u> </u>			Z	हु'⊊
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other excluded from this report details of such a trust benefiting you, your spouse, or dependent child? EXEMPTION—Have you excluded from this report any other sasets, "uneamed" income, transactions, or ils they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committely meet all three tests for exemption?	EXCLUSION OF SPOUSE, DEPENDENT, C	Y. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule Y.	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	III. Did you, your spouse, or a dependent child receive "unearmed" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	 Did any individual or organization make a donation to charity in iteu of paying you for a speech, appearance, or article in the reporting period? yes, complete and attach Schedule II. 	 Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? yes, complete and attach Schedule I. 	PRELIMINARY INFORMATION — ANSWER	Type Annual (May 16, 2011) X An	Statue X Member of the U.S. State: YL House of Representatives District: 03		Name: Hon. Corrine Brown	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE ST
proved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have young you, your spouse, or dependent child? other sasets, "unearned" income, transactions, or liabilities of a spouse or dependent child because "yes" unless you have first consulted with the Committee on Ethics.	OR TRUST INFORMATION — ANSWER EACH	Yes X No	Yes No X If yes, complete and attach Schedule IX. If yes, complete and attach Schedule IX.	Yes X No Mil. Did you hold any reportable positions on of filling in the ourrent calendar year? If yes, complete and attach Schedule Vill.	Yee No X VII. Did you, reportable to period (worth the year, come)	Yee No X	EACH OF THESE QUEST	Amendment Termination Date:	Officer or Employing Office:		Daytime Telephone: 202-225-0123	FORM A FOR USE BY Members, officers, and employees
adosed. Have you Yes	EACH OF THESE QUESTIONS	question in this part must be answered and the priate schedule attached for each "Yes" response.	arrangement with Yes X	or before the date Yes X	d receive any in the reporting Yes X	receive any regating more Yes X		30 days late.	A \$200 penalty shall be assessed	(Office Use Only)	U.S. HOUSE OF REPRESENTATIVES	FRISLATVE RESOURCE CENTY FRISLATVE RESOURCE CENTY AND JUL 20 AM 11: 45

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				Wright Patman Congressional	Bank of America	tet Bank of Paduosh, KY Accounts	•	Mega Corp. Stock	the rains of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. 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 Block A. Excited to Your personal residence, including escond homes and vecation homes (unless there was rental income during the reporting period); any deposits business, 500 or is a preparation of the property of accounts and sny financial interest in, or income derived from, a federal refirement program, including the Thrift Saving Plan. If you so choose, you may incluste that an asset or income source is that of your spouse (SP) or departent child (DO), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed decussion of Schedule III requirements, please refer to the instruction booklet.	BLOCK A Assest and/or income Source Idently (a) each asset held for investment or production of income with a fair mariest value exceeding \$1,000 at the und of the reporting period, and (b) any other reportable asset or sources of income which generaled more than \$200 in "unearmed" income during the year. Provide complete names of stocks and mutual funds (cb not use ticker symbols.) For all BRAs and other retinement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not sucrobed, to select the specific investments), provide the value for each asset held in the account that accessed the reporting thresholds. For retire- ment account that accessed the reporting thresholds. For retire- ment account that accessed the reporting thresholds.
									None >	
). }}	Œ		\$1 -\$ (dg) #	BLOCK B Value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because if generated income, the value should be "None."
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							ROYAMOS		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply. For religement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IFAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
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3340	94552 K		ુંજીવના	×	×		76 E	29.2	\$201 \$1,000 ==	Amount of Inoc For retirement accounts that you to choose specific invithat generate tax-deferred in a 401(k) plans or IRAs), you the "None" column. For all o indicate the category of checking the appropriate birdends, interest, and or even if retirested, must b as income. Check "None" I was earned or generated.
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·	-							S (partial)	tronly a portion of an asset is sold, please indicate as follows: (8) (partial) See below for example. P, S, E	BLOCK ET Transaction indicate if the asset had purchases (P), or axchanges (E) exceeding \$1,000 in reporting year.

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	Hon.
	Corrine
	Brown

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SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

or were paid by you and reimbursed by the sponsor.

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 (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 you.

	M-x-1-1	ŧ			Was a Family	
SOUTH	(Date(e)	City of Departure—Destination— City of Return	(N/X)	(Y/N)	Member Included? (Y/N)	at sponsor's expense
Chicago Chamber of Commerce	Mar, 2	DCChicagoDC		z	Z	None
Roycroft Corporation	Aug. 8-11	DC—Los Angeles—Cleveland	Υ	Υ	Υ	2 Days
Codel Brown Fact-Finding Visit Transportation and Infrastructure	reb, 16-22	DC-Germany-Austria-Italy-DC	*	ч	N	None.
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SCHEDULE VIII—POSITIONS

Name Hon. Corrine Brown

Page 5 of 5

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

Exclude: Positions listed on Schedule I; positions 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 (unpaid)	Communities in Schools of Jacksonville
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SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement 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	Terms of Agreement
September 2008	State of Florida	Pension for service in State Legislature