Name: Hon. Corrine Brown **TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the 2013 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS reporting period? exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS REPORT TYPE FILER Make more than \$200 in unearned income from any reportable end of the reporting period? or asset during the reporting period? く 2013 Annual (Due: May 15, 2014) U.S. House of Representatives Member of or Candidate for District: 05 State: Florida Yes ** ** Yes ĕ Yes Daytime Telephone: 202-225-0123 Amendment ک S 몽 S For Use by Members, Officers, and Employees × F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar 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? H. Did you, your spouse, or your dependent child receive any G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period? source during the reporting period? year up through the date of filing? Form A Employee Officer or Employing Office Termination Date: LEGISLATIVE RESOURCE CENTER U.S. HOUSE OF REPRESENTATIVES 2014 MAY 15 PH 2: 26 MA HAND DELIVERED, 1 or S (Office Use Only) ĕ 8 ¥es Yes Yes ¥es Yes Yes

S

Z

ö

공

<u>マ</u>

Ş

Z

몽

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Hon. Corrine Brown

Page_	
S	
of	
5	

				Wright Patman F	Bank of Am	ABC H	Examples:	SP, SP Mega C	Asset and/or Income Source Asset and/or Income Source production of income and with a fair market value production of income and with a fair market value acceeding \$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 'uneamed' income during the year. Provide complete names of stocks and mutual funds (to not use only ticker symbols). Provide complete names of stocks and mutual funds (to not use only ticker symbols). Provide complete names of stocks and mutual funds (to not use only ticker symbols). Provide complete names of stocks and mutual funds (to not use only ticker symbols). Provide complete names of stocks and mutual funds (to not use only ticker symbols). It has a to the country of the total is over \$5,000, last every financial institution where there is so,000, last every financial institution where there is more than \$1,000 in interest bearing accounts. For rental and other real property hald for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the tusiness, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vection homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal reterement program, including the Trinff Savings Plan. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "Elf" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that of your spouse (SP) or income source is that or your spouse (SP) or income source is that or	
				man FCU	America	NBC Hedge Fund X	Simon & Schuster	Mega Corp. Stock	for investment or a fair market value the reporting period, asset or source of a S200 in 'unearned' asset or source of asset or source of asset or source of asset or source of the reporting period, asset or source of asset held in orting thresholds. It the total is over union where there is fing accounts. A held for investment, or description, e.g., tate. If the total is over the total is over the name of the activities, and its exit the name of the activities, and its exit the name of the activities, and its and any financial of; and any financial of; and any financial of from, a federal of from, a federal of the tat an asset or ur spouse (SP) or y held with anyone is falled. of Schedule A instruction booklet.	
: 62					100 S	, c., z	Indefinite		Value of Asset Indicate value of asset at close of the reporting perior valuation method other than fair market value, please sp used. If an asset was sold during the reporting perior bocause it generated morne, the value should be None. Column M is for assets held by your spouse or dependency ou have no interest. A B C D E F G H I J A B C D S F G H I J S50,001-\$100,000	
, ğşê	10 m		25.7			24,7 14,75	ite	×	Vall \$15,001,600,000 E Vall Vall Sold during the assets held by Fest SSO,001-\$100,000	
(1) (2)				20 42 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		×			\$50,001-\$100,0000 m did by your spouse of the report of the same should be s	D CK B
	2.0	* A* }	a . i	((a) (a)	2.74				Value of Asset	
. Y	59°	14.0 53.								
					1 () 2 () 2 ()			×	Type of income Check all columns that apply. For according state tax-deferred income (such as 401(k) SDs accounts), you may check the Taxte even if reinvested, must be disclosed as if the asset sheld in taxable accounts. Check the saset generated no income during the period. INTEREST EXCEPTED/BLIND TRUST TAX DEFERRED Other Type of Income	l
		, (4) (4)	5 / 1 / 5 2 / 3 /	ja j	8 Y	N N	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Type of Income columns that apply. For account ac-deferred income (such as 401(%), unay check the TravDished in taxable accounts. Check the TravBest and capital interests and capital interests. Check the TravBest accounts. Check the TravBest accounts accounts. Check the TravBest accounts accounts. Check the TravBest accounts	E 22.
) - 1; - 1; - 1; - 1; - 1; - 1; - 1; - 1;	(0.00 (0.00			Income	noyames		Type of Income Check all columns that apply. For accounts that a 401(k), IRA, or column. Dividents, increase, and capital gains, aven if reinvested, must be disclosed as former and the disclosed as former and the disclosed as former and the former accounts. Check Normal applications of the reporting	
* 1. (2.1.)				j.	1.64					
		(26)		`	人			×	Amount of For assets for which you checked may check the 'None' column. For category of income by checking Dividends, inferest, and capital must be disclosed as income accounts. Check 'None' if generated. 1	
2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		300 300 360			G W				Amount of Income nyou checked Tax-Defen ne' column. For all other e by checking the appr et and capital galins, e d as income for asset x "None" if no income ave no interest. Vi vi viii \$5,001-\$15,000 \$5,001-\$15,000 \$5,001-\$15,000 \$5,001-\$15,000 \$5,001-\$15,000	BLOCK D
\$ = \forall \(\forall \)		287.4 R.S.A		32.	av ja				\$1,000,001-\$5,000,0000 × g e e e e e e e e e e e e e e e e e e	
100		201		<u>.</u> 10				2€		-
				i				S(part)	ින් ජීම වන අවස් ජීම සම වෙන අවස් ජීම සම සම සම්බන්ධ සම	BLOCKE

SCHEDULE D - LIABILITIES

Name: Hon. Corrine Brown

Page 3 of S

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 reporting period exceeded \$10,000.

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

	<u> </u>		An	Amount of Liability	Liabil	Ş
111		B	<u> </u>		á	Ŧ
Y Type of Liability	\$10,001- \$15,000 \$15,001-	\$50,000 \$50,000 \$100,000	\$100,001- \$250,000	\$250,001- \$50,000 \$500,001-	1,000,000	,001-
Example First Bank of Wilmington, DE 5/98 Mortgage on Rental Property, Dover, DE			×			\$5,000 \$5,000 \$25,00
Wright Patman Congressional FCU 12/1995 Personal Loan				3 0 d		\$5,000
Bank of America 01/1995 Mortgage (Jacksonville, FL)	(J.		<			\$5,000
Wright Patman Congressional FCU 10/2009 Mortgage (Jacksonville Beach house)	use)		(5)			\$5,000
Bank of America 10/1998 Mortgage (Alexandria. VA)	>		\			\$5,000
	· * * * * * * * * * * * * * * * * * * *		<			\$5,000

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 Isted in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

		Board Member	Position
		Communities in Schools of Jacksonville	Name of Organization

SCHEDULE F - AGREEMENTS

	Name: Hon. C
·	Hon. Corrine Brown
	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
Sept 2008	State of Florida	Pension for service in Florida State Legislature
: i		

SCHEDULE G - GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a 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 \$140 or less need not be added towards the \$350 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
2306 SW 13th St. Suite 1206. Gainesville, FL 32608	Legal Expense Trust Donation	\$1,000.00
5080 Newberry Road, Suite 2A. Gainesville, FL 32607 Legal Expense Trust Donation		\$2,500.00
		Ì

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Hon. Corrine Brown | Pa

Page_
5
֓֞֝֟֝֟֝ ֓֓֞֓֞֓֞֞֓֓֞֞
$ \mathcal{A} $

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 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.

EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; 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.

		j				
	Source	Date(s)	City of Departure – Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
1	Covernment of China (MECEA)	Aug. 6-11	DC-Beijing, China - DC	٧	٧	Z
Examples:	Habitat for Hamanily (charity fund about)	Mar. 3-4	DC-Boxlon-DC	*	Υ	γ
7th Annual I	7th Annual National Conference on Health Disparities (NCHD)	NOV. 15-17	DC - St. Thomas, VI USA - Jax	\ \ -	~	Υ
CBC COD	CODEL To Morocco	DEC. 28 - JAN. 4	DC - Rabat, Morocco - DC	Υ	4	Z
47th COE	CODEL To the United Nations	DEC. 9 - 10	DC-NYC-DC	Y	~	z
_						
_						
				!		
				-		