92430B 10/09/2009

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Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 2008 (99) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning , 2008, ending , 20 OMB No. 1545-0074

Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type.			
Your first name and initial: CORRINE	Last name: BROWN		Your social security number: [redacted]4025
If a joint return, spouse's first name and initial	Last name		Spouse's social security number
Home address (number and street). If you have a P.O. box, see page 14. [redacted]		Apt. no.	▲ You must enter your SSN(s) above. ▲
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. JACKSONVILLE FL 32208			Checking a box below will not change your tax or refund.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 14) ▶ [X] You [ ] Spouse

Filing Status — Check only one box.
1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶
4 [ ] Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child (see page 16)

Exemptions
6a [X] **Yourself.** If someone can claim you as a dependent, do not check box 6a — Boxes checked on 6a and 6b: 1
b [ ] Spouse
c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qual. child for child tax cr. (see page 17)
DELIA	COVINGTON	[redacted]-0574	PARENT	

If more than four dependents, see page 17.

No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see page 18)
Dependents on 6c not entered above: 1
d Total number of exemptions claimed — Add numbers on lines above ▶ 2

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a W-2, see page 21.
Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	158,905
8a	**Taxable** interest. Attach Schedule B if required		8a	
b	**Tax-exempt** interest. Do not include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	
b	Qualified dividends (see page 21)	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)		10	
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]		13	
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions	15a	b Taxable amount (see page 23) 15b	
16a	Pensions and annuities	16a	b Taxable amount (see page 24) 16b	4,532
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits	20a	b Taxable amount (see page 26) 20b	
21	Other income. List type and amount (see page 28)		21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	163,437

Adjusted Gross Income

23	Educator expenses (see page 28)	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	One-half of self-employment tax. Attach Schedule SE	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction (see page 29)	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction (see page 30)	32		
33	Student loan interest deduction (see page 33)	33		
34	Tuition and fees deduction. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 31a and 32 through 35		36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	163,437

GOVERNMENT EXHIBIT 21A
3:16-cr-93-J-32JRK

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Form 1040 (2008) CORRINE BROWN **AS ORIGIN**[redacted]-4[illegible]25 Page 2

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Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	163,437
39a	Check if: ☐ You were born before January 2, 1944, ☐ Blind. ☐ Spouse was born before January 2, 1944, ☐ Blind. Total boxes checked ▶ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ▶ 39b ☐		
c	Check if standard deduction includes real estate taxes or disaster loss (see page 34) ▶ 39c ☐		
40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)	40	74,188
41	Subtract line 40 from line 38	41	89,249
42	If line 38 is over $119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply $3,500 by the total number of exemptions claimed on line 6d	42	6,907
43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	82,342
44	Tax (see page 36). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972	44	17,029
45	**Alternative minimum tax** (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45 ▶	46	17,029
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see page 42). Attach Form 8901 if required	52	
53	Credits from Form: a ☐ 8396 b ☐ 8839 c ☐ 5695	53	
54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54	
55	Add lines 47 through 54. These are your total credits	55	
56	Subtract line 55 from line 46. If line 55 is more than line 46, enter -0- ▶	56	17,029

Standard Deduction for—
- People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent, see page 34.
- All others:

Single or Married filing separately, $5,450

Married filing jointly or Qualifying widow(er), $10,900

Head of household, $8,000

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Additional taxes: a ☐ AEIC payments b ☐ Household employment taxes. Attach Schedule H	60	
61	Add lines 56 through 60. This is your **total tax** ▶	61	17,029

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	26,664
63	2008 estimated tax payments and amount applied from 2007 return	63	
64a	**Earned income credit (EIC)**	64a	
b	Nontaxable combat pay election 64b		
65	Excess social security and tier 1 RRTA tax withheld (see page 61)	65	
66	Additional child tax credit. Attach Form 8812	66	
67	Amount paid with request for extension to file (see page 61)	67	
68	Credits from Form: a ☐ 2439 b ☐ 4136 c ☐ 8801 d ☐ 8885	68	
69	First-time homebuyer credit. Attach Form 5405	69	
70	Recovery rebate credit (see worksheet on pages 62 and 63)	70	
71	Add lines 62 through 70. These are your **total payments** ▶	71	26,664

Refund

Direct deposit? See page 63 and fill in 73b, 73c, and 73d, or Form 8888.

72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you **overpaid**	72	9,635
73a	Amount of line 72 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	73a	9,635
▶ b	Routing number 063000047 ▶ c Type: ☒ Checking ☐ Savings		
▶ d	Account number [redacted]9310		
74	Amount of line 72 you want **applied to your 2009 estimated tax** ▶ 74		

Amount You Owe

75	**Amount you owe.** Subtract line 71 from line 61. For details on how to pay, see page 65 ▶	75	
76	Estimated tax penalty (see page 65) 76		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 66)? ☒ **Yes.** Complete the following. ☐ **No**

Designee's name ▶ PREPARER Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Joint return? See page 15. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature | Date | Your occupation: CONGRESSWOMAN | Daytime phone number

Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation

Paid Preparer's Use Only

Preparer's signature ▶ | Date 10/09/09 | Check if self-employed ☐ | Preparer's SSN or PTIN [redacted]4876

Firm's name (or yours if self-employed), address, and ZIP code ▶ PORTNOY, SHAINBROWN & CO. CPA'S, P.A. | EIN [redacted]8247

9283 SAN JOSE BOULEVARD, STE 101 | Phone no.

JACKSONVILLE FL 32257 | 904-731-8005

Form **1040** (2008)

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SCHEDULES A&B (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Schedule A—Itemized Deductions

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A&B (Form 1040).

OMB No. 1545-0074

2008

Attachment Sequence No. 07

Name(s) shown on Form 1040: CORRINE BROWN

Your social security number: [redacted]-4025

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see page A-1)	1	1,605		
	2	Enter amount from Form 1040, line 38 [2] 163,437				
	3	Multiply line 2 by 7.5% (.075)	3	12,258		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0
Taxes You Paid (See page A-2.)	5	State and local (check only one box): a [ ] Income taxes, or b [X] General sales taxes	5	1,480		
	6	Real estate taxes (see page A-5)	6	10,657		
	7	Personal property taxes	7			
	8	Other taxes. List type and amount ▶	8			
	9	Add lines 5 through 8			9	12,137
Interest You Paid (See page A-5.)	10	Home mortgage interest and points reported to you on Form 1098	10	34,956		
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶	11			
Note. Personal interest is not deductible.	12	Points not reported to you on Form 1098. See page A-6 for special rules	12			
	13	Qualified mortgage insurance premiums (see page A-6)	13			
	14	Investment interest. Attach Form 4952 if required. (See page A-6.)	14			
	15	Add lines 10 through 14			15	34,956
Gifts to Charity	16	Gifts by cash or check. If you made any gift of $250 or more, see page A-7	16	23,505		
If you made a gift and got a benefit for it, see page A-7.	17	Other than by cash or check. If any gift of $250 or more, see page A-8. You must attach Form 8283 if over $500	17			
	18	Carryover from prior year	18			
	19	Add lines 16 through 18			19	23,505
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See page A-8.)			20	
Job Expenses and Certain Miscellaneous Deductions (See page A-9.)	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) ▶ SEE STATEMENT 1	21	6,269		
	22	Tax preparation fees	22	625		
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23			
	24	Add lines 21 through 23	24	6,894		
	25	Enter amount from Form 1040, line 38 [25] 163,437				
	26	Multiply line 25 by 2% (.02)	26	3,269		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	3,625
Other Miscellaneous Deductions	28	Other—from list on page A-10. List type and amount ▶			28	
Total Itemized Deductions	29	Is Form 1040, line 38, over $159,950 (over $79,975 if married filing separately)? * [ ] No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. [X] Yes. Your deduction may be limited. See page A-10 for the amount to enter. ▶			29	74,188
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here * LIMITED BY AGI ▶ [ ]				

For Paperwork Reduction Act Notice, see Form 1040 instructions.

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Schedule A (Form 1040) 2008

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Statement 1 - Schedule A, Line 21 - Unreimbursed Employee Expenses

Description	Amount
LIVING EXPENSES($1266. X 12)	$ 15,192
LESS: ADJUSTMENT OF DEDUCTION PER PUB. LAW 97-216, 96 STAT 180, 194(1982)IRC SEC 162(A)	-8,923
TOTAL	$ 6,269

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Form **1040** | **General Sales Tax Deduction Worksheet** | **2008**

Name as shown on return: CORRINE BROWN

Taxpayer Identification Number: [redacted]4025

State of: FLORIDA

Locality of: DUVAL (1.000)

General Sales Tax from IRS Tables

1. Enter the amount of adjusted gross income (AGI) from Form 1040, Line 37		1.	163,437
2. Add the nontaxable amounts from Form 1040, lines 8b, 15a, 16a, 20a (Exclude rollovers and tax-free Sec. 1035 exchanges)		2.	
3. Add the nontaxable amounts from combat pay, public assistance, veteran's benefits, unemployment compensation. Also include any amounts which increase spendable income, such as the refundable portion of refundable tax credits received in 2008, as well as any economic stimulus payment you received in 2008		3.	
4. Add lines 1 through 3, this is income for general sales tax table purposes		4.	163,437
5. Enter the amount from the sales tax table in the Schedule A instructions.		5.	1,268
Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8 and enter the amount from line 5 on line 9			
6. Enter the number of days of residence in state	6.		
7. Total days in year	7. 366		
8. Divide line 6 by line 7 (rounded to at least 3 decimal places)	8.		
9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table.		9.	1,268

Local Sales Tax Using IRS Tables

10. Enter the amount from the sales tax table in the Schedule A instructions.		10.	1,268
11. If you are a resident of Alaska, Arizona, Arkansas, California (Los Angeles County only), Colorado, Georgia, Illinois Louisiana, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah, or Virginia, enter the amount from the applicable Optional Local Sales Tax Table in the Schedule A Instructions.		11.	
12. Enter the local general sales tax rate (exclude statewide local sales tax rate)	12. 1.00000		
13. Enter the state general sales tax rate (include statewide local sales tax rate)	13. 6.0000		
14. Divide line 12 by line 13 (rounded to at least 3 decimal places)	14. 0.167		
15. If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax using the optional local sales tax tables. Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19. If you did not enter an amount on line 11, multiply line 10 by line 14. This is the local sales tax using the optional state and certain local sales tax tables. Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19		15.	212
16. Enter the number of days of residence in locality	16.		
17. Total days in year	17. 366		
18. Divide line 16 by line 17 (rounded to at least 3 decimal places)	18.		
19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables.		19.	212

General Sales Tax Summary

20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets	20.	1,268
21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets	21.	212
22. Add lines 20 and 21, this is the total General Sales taxes using the tables	22.	1,480
23. Enter the actual state and local general sales taxes paid	23.	
24. Enter the greater of line 22 or line 23	24.	1,480
25. Enter the state and local taxes paid on specified items (Major purchases)	25.	
26. Add lines 24 and 25, this is the deductible General Sales tax	26.	1,480
27. Enter total state and local income taxes paid	27.	

Enter the greater of line 26 or 27 on Schedule A line 5. If line 26 is greater, mark Schedule A line 5b. If line 27 is greater, mark Schedule A line 5a.

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Form 1040	Itemized and Standard Deduction Worksheets	2008

Name: CORRINE BROWN

Taxpayer identification Number: [redacted]-4025

Itemized Deductions Worksheet

1. Enter the total of the amounts from Schedule A, lines 4, 9, 15, 19, 20, 27, and 28		1.	74,223
2. Enter the total of the amounts from Schedule A, lines 4, 14, and 20, plus any gambling and casualty or theft losses included on line 28. **Caution:** Be sure your total gambling and casualty/theft losses are identified on line 28. Also include any amount included on Schedule A, line 16, that you elected to treat as qualified contributions for relief efforts in a Midwestern disaster area		2.	
3. Subtract line 2 from line 1. If the result is zero, **stop here;** enter the amount from line 1 above on Schedule A, line 29		3.	74,223
4. Multiply line 3 by 80% (.80)	4. 59,378		
5. Enter the amount from Form 1040, line 38	5. 163,437		
6. Enter $159,950 ($79,975 if married filing separately)	6. 159,950		
7. Subtract line 6 from line 5. If the result is zero or less, **stop here;** enter the amount from line 1 above on Schedule A, line 29	7. 3,487		
8. Multiply line 7 by 3% (.03)	8. 105		
9. Enter the **smaller** of line 4 or line 8		9.	105
10. Divide line 9 by 1.50		10.	70
11. Subtract line 10 from line 9		11.	35
12. **Total itemized deductions.** Subtract line 11 from line 1. Enter the result here and on Schedule A, line 29		12.	74,188

Standard Deduction Worksheet

1. Enter the amount shown below for your filing status.
   - Single or Married filing separately - $5,450
   - Married filing jointly or qualifying widow(er) - $10,900
   - Head of household - $8,000

   1. 5,450

2. Can you (or your spouse if married, filing jointly) be claimed as a dependent?
   - [X] No. Skip line 3; enter the amount from line 1 on line 4.
   - [ ] Yes. Go to line 3.
3. Is your earned income more than $600?
   - [ ] Yes. Add $300 to your earned income. Enter the total.
   - [ ] No. Enter $900 ..... 3.

4. Enter the **smaller** of line 1 or line 3. If under 65 and not blind, continue to line 6. **Otherwise,** go to line 5.		4.	5,450
5. Check if: [ ] You were 65 or older, [ ] Blind; [ ] Spouse was 65 or older, [ ] Blind. **Total boxes checked** [ ] If 65 or older or blind, multiply $1,050 ($1,350 if single or head of household) by the number in the box above		5.	
6. Enter net disaster loss from Form 4684, line 18a. If more than zero, check the box on Form 1040, line 39c.		6.	
7. Enter the amount of state and local real estate taxes paid that would be deductible on Schedule A, line 6, if you were itemizing deductions. Do not include foreign real estate taxes.	7. 10,657		
8. Enter $500 ($1,000 if married filing jointly)	8. 500		
9. Enter the **smaller** of line 7 or line 8. If more than zero, check the box on Form 1040, line 39c.		9.	500
10. Add lines 4, 5, 6, and 9. Enter the total here and on Form 1040, line 40 (Form 1040A, line 24)		10.	5,950

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Form **1040**	**Exemption Worksheet**	**2008**

Name: CORRINE BROWN

Taxpayer Identification Number: [redacted]-4025

Exemptions Worksheet

1. Multiply \$3,500 by the total number of exemptions claimed on Form 1040, line 6d		**1.**	7,000
2. Enter the amount from Form 1040, line 38	**2.** 163,437		
3. Enter on line 3 the amount shown below for your filing status: • Single - \$159,950 • Married filing jointly or Qualifying widow(er) - \$239,950 • Married filing separately - \$119,975 • Head of household - \$199,950	**3.** 159,950		
4. Subtract line 3 from line 2. If zero or less, **stop here;** enter the amount from line 1 above on Form 1040, line 42	**4.** 3,487		
5. Is line 4 more than \$122,500 (more than \$61,250 if married filing separately)? ☐ **Yes.** Multiply \$2,333 by the total number of exemptions claimed on Form 1040, line 6d. Enter the result here and on Form 1040, line 42. **Do not** complete the rest of this worksheet. ☒ **No.** Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, round it up to the next higher whole number (for example, increase 0.0004 to 1)	**5.** 2		
6. Multiply line 5 by 2% (.02) and enter the result as a decimal amount	**6.** 0.04		
7. Multiply line 1 by line 6		**7.**	280
8. Divide line 7 by 3.0		**8.**	93
9. Deduction for exemptions. Subtract line 8 from line 1. Enter the result here and on Form 1040, line 42		**9.**	6,907

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Form 1040	Pension/Annuity Report	2008

Name: CORRINE BROWN

Taxpayer Identification Number: [redacted]-4025

	T/S	Payer	Gross Distribution	Rollover	Taxable Amount
A		STATE OF FLORIDA	4,532		4,532
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
O					
		Taxpayer	4,532		4,532
		Spouse			
		Total	4,532		4,532

	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
O					
Taxpayer					
Spouse					
Total					

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Form **1040** Salaries & Wages Report 2008

Name: CORRINE BROWN

Taxpayer Identification Number: [redacted]-4025

	T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A		HOUSE OF REP-MEMBER SVCS	158,905	26,664	102,000
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
		Taxpayer			
		Spouse			
		Totals	158,905	26,664	102,000

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Allocated Tips	Advanced EIC	Dep Care Ben	Other, Box 14
A	6,324	167,353	2,427				1,605
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer							
Spouse							
Totals	6,324	167,353	2,427				1,605

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer						
Spouse						
Totals						

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House of Rep-Member Svcs

Form W-2, Box 12

Description	Amount
SECTION 401(K) CONTRIBUTIONS	$ 8,448
TOTAL	$ 8,448

House of Rep-Member Svcs

Form W-2, Box 14 - Other

Description	Amount
MEDICAL INSURANCE PREMIUMS (SCHEDULE A, LINE 1)	$ 1,605
TOTAL	$ 1,605

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Schedule A, Line 1 - Medical and Dental Expenses

Description	Amount
MEDICAL INS PREMIUMS - W-2S	$ 1,605
TOTAL	$ 1,605

Schedule A, Line 5b - State and Local General Sales Taxes

Description	Amount
GENERAL SALES TAX	$ 1,480
TOTAL	$ 1,480

Schedule A, Line 6 - Real Estate Taxes

Description	Amount
RE TAXES-PRINCIPAL RESIDENCE	$ 5,146
RE TAXES-OTHER	5,511
TOTAL	$ 10,657

Schedule A, Line 10 - Home Mortgage Interest From Form 1098

Description	Amount
COUNTRYWIDE HOME LOANS	$ 20,562
EVERHOME MORTGAGE COMPANY	14,394
TOTAL	$ 34,956

Schedule A, Line 16 - Charitable Contributions by Cash or Check

Description	Amount	Qualifying Midwestern Disaster Relief Contrib
BETHEL BAPTIST CHURCH	$ 2,505	
COMMUNITY REHABILITATION CTR	12,000	
EWC/URBAN LEAGUE/NAACP	4,000	
VARIOUS CHURCHES	5,000	
TOTAL	$ 23,505	

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