

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Applebaum For Congress

A. Full Name (Last, First, Middle Initial) Mr. Michael Bronfein		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006
Mailing Address 11300 John Carroll Road		Transaction ID: SA11A1.4150
City State Zip Code Owings Mills MD 21117	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Sterling Partners Partner	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Mr. Michael Bronfein		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006
Mailing Address 11300 John Carroll Road		Transaction ID: SA11A1.4223
City State Zip Code Owings Mills MD 21117	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Sterling Partners Venture Capitalist	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Mr. Zahid Butt		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006
Mailing Address 8980 Furrow Avenue		Transaction ID: SA11A1.4211
City State Zip Code Ellicott City MD 21042	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Digestive Disease Associates Physician	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	_____