

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JAN 28 9 45 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) MELISSA M. BROWN MD FOR CONGRESS COMMITTEE		2. FEC IDENTIFICATION NUMBER C00-331132
ADDRESS (number and street) ☒ Check if different than previously reported. P.O. Box 498		
CITY, STATE and ZIP CODE FLOURTOWN, PA. 19031	STATE/DISTRICT	
3. IS THIS REPORT AN AMENDMENT? ☐ YES ☒ NO		

4. TYPE OF REPORT

- ☐ April 15 Quarterly Report ☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- ☐ July 15 Quarterly Report ☐ 30-Day Post-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- ☐ October 15 Quarterly Report ☐ Termination Report
- ☒ January 31 Year End Report
- ☐ July 31 Mid-Year Report (Non-election Year Only)

This report contains activity for ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>11/3/97</u> through <u>12/31/97</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	98 854.68	98 854.68
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	98 854.68	98 854.68
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	29 632.13	29 632.13
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	29 632.13	29 632.13
8. Cash on Hand at Close of Reporting Period (from Line 27)	285 022.55	
9. Debt and Obligations Owed TO the Committee (Netize all on Schedule C and/or Schedule D)		
10. Debt and Obligations Owed BY the Committee (Netize all on Schedule C and/or Schedule D)	229 476.95	

For further information
contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOHN M. NEVERSOLE	Date 1/27/98
Signature of Treasurer <i>John M. Neversole</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--	--

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) MELISSA M. BROWN MD FOR CONGRESS COMMITTEE		Report Covering the Period: From: 11/3/97 To: 12/31/97	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A) _____		87,550.00	
(ii) Unitemized _____		7,515.00	
(iii) Total of contributions from individuals _____		95,065.00	95,065.00
(b) Political Party Committees _____			
(c) Other Political Committees (such as PACs) _____		1,159.70	1,159.70
(d) The Candidate _____		2,624.98	2,624.98
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) _____		98,854.68	98,854.68
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES _____			
13. LOANS:			
(a) Made or Guaranteed by the Candidate _____		215,800.00	215,800.00
(b) All Other Loans _____			
(c) TOTAL LOANS (add 13(a) and (b)) _____		215,800.00	215,800.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) _____			
15. OTHER RECEIPTS (Dividends, Interest, etc.) _____			
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) _____		314,654.68	314,654.68
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES _____		29,632.13	29,632.13
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES _____			
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate _____			
(b) Of All Other Loans _____			
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) _____			
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees _____			
(b) Political Party Committees _____			
(c) Other Political Committees (such as PACs) _____			
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) _____			
21. OTHER DISBURSEMENTS _____			
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) _____		29,632.13	29,632.13

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD _____	\$	- 0 -	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) _____	\$	314,654.68	
25. SUBTOTAL (add Line 23 and Line 24) _____	\$	314,654.68	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) _____	\$	29,632.13	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) _____	\$	285,022.55	

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule(s)
for each category of the
Detailed Summary Page

 PAGE 11 OF 25
FOR LINE NUMBER
11(A)(5)

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)

Melissa M. Brown, M.D. for Congress Committee

A. Full Name, Mailing Address and ZIP Code James J. Allhusen Meadow Farm, 608 Penillyn Pike Penillyn, PA 19422 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Advanta Corporation Occupation Executive Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/15/97	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Margaret C. Angulo 3429 Alinda Circle Camp Hill, PA 17011 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Pennsylvania Physicians Care Occupation Director of Health Services Aggregate Year-to-Date > \$200.00	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period \$200.00
C. Full Name, Mailing Address and ZIP Code William H. Annesley, Jr. M.D. 256 Lankenau Medical Bldg. East Wynnewood, PA 19096 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Annesley, Flanagan, Fischer, Stefanyshyn Associates Occupation Physician Aggregate Year-to-Date > \$200.00	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period \$200.00
D. Full Name, Mailing Address and ZIP Code Edward J. Zobian, M.D. 206 S. 6th Avenue W. Reading, PA 19611 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Reading Ophthalmics Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/11/97	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Barbara J. Arnold, M.D. 2760 Curtis Way Sacramento, CA 95818 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Barbara Arnold, M.D., Inc. Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/12/97	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Neal H. Atchava, MD 2672 Pamao Road Honolulu, HI 96822 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer J. Prowlhet, P.C. Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code Matthew C. Ziemianski, M.D. 6528 Wenonga Terrace Shawnee Mission, KS 66208 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Retinal Consultants of Kansas City Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)

\$2,850.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 2 OF 25
FOR LINE NUMBER
112A(1)

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)

Melissa M. Brown, M.D. For Congress Committee

A. Full Name, Mailing Address and ZIP Code Robert S. Bailey, Jr, M.D. 1344 Beaumont Drive Gladwyne, PA 19035 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Thorp, Bailey, P.C. Occupation Physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/9/97	Amount of Each Receipt this Period \$ 500.00
B. Full Name, Mailing Address and ZIP Code Kinnari K. Bakshi, M.D. 25 Newburyport Road Langhorne, PA 19053 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer KINNI EYE CARE INC. Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/11/97	Amount of Each Receipt this Period \$ 250.00
C. Full Name, Mailing Address and ZIP Code Edward H. Bedrossian, Jr, M.D. 4501 State Road Drexel Hill, PA 19026 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF-EMPLOYED Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/29/97	Amount of Each Receipt this Period \$ 250.00
D. Full Name, Mailing Address and ZIP Code Christine Belmont 795 Lewis Lane Ambler, PA 19002 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer N/A Occupation Homemaker Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/12/97	Amount of Each Receipt this Period \$ 500.00
E. Full Name, Mailing Address and ZIP Code Jonathan B. Belmont, M.D. 795 Lewis Lane Ambler, PA 19002 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Retinal Consultants Occupation Physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/12/97	Amount of Each Receipt this Period \$ 500.00
F. Full Name, Mailing Address and ZIP Code Susan C. Benes, M.D. 2151 Arlington Avenue Columbus, OH 43221 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Ohio State University Occupation Physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/3/97	Amount of Each Receipt this Period \$ 500.00
G. Full Name, Mailing Address and ZIP Code Kenneth W. Benjamin, M.D. 9302 Eagle View Drive Lafayette Hill, PA 19444 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer N/A Occupation Retired Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period \$ 250.00

SUBTOTAL of Receipts This Page (optional)

\$2,750

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 3 OF 25
FOR LINE NUMBER 11600

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)

Melissa M. Brown, M.D. For Congress Committee

A. Full Name, Mailing Address and ZIP Code William E. Benson, M.D. 1651 Indian Creek Road Wynnewood, PA 19096 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Retino - Vitreous Associates Occupation Physician Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 11/10/97	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code J. Chandler Berg, M.D. 2350 Winchester Drive Albany, GA 31707 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Berg Eye Center Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/9/97	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code Robert L. Bergren, M.D. 120 Pheasant Drive Pittsburgh, PA 15238 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/11/97	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code Peter S. Bodenheimer 41 Kynlyn Road Radnor, PA 19087 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Pennsylvania Merchant Group Occupation Stockbroker Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code David S. Boyer, M.D. 13715 Magnolia Avenue Sherman Oaks, CA 91423 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Retinovitreal Associates Medical Group Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/11/97	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Neil D. Brownman, M.D. 8641 Wilshire Blvd, Suite 205 Beverly Hills, CA 90211 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/9/97	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code Gary C. Brown, M.D. 6010 West Mill Road Flourtown, PA 19031 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Retino - Vitreous Associates Occupation Physician Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/22/97	Amount of Each Receipt this Period \$1,000.00

SUBTOTAL of Receipts This Page (optional)

\$3,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 4 OF 25
FOR LINE NUMBER 11A(C)

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)

Melissa M. Brown, M.D. for Congress Committee

A. Full Name, Mailing Address and ZIP Code Heather M. Brown 6010 West Mill Road Flourtown, PA 19031 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer N/A Occupation Student Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/26/97	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Heidi Cobb Brown 6010 West Mill Road Flourtown, PA 19031 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer N/A Occupation Student Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/26/97	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code George A. Brown Harbor Lane, Box 1062 Cutchogue, NY 11935-0693 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer N/A Occupation Retired Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/26/97	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Patricia L. Brown Harbor Lane, Box 1062 Cutchogue, NY Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer N/A Occupation Retired Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/26/97	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Alexander J. Brucker, M.D. 1332 Prospect Hill Road Villanova, PA 19085 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Scheie Eye Institute Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/3/97	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Sergio de Bustos, M.D. 1216 Elaine Court Flossmoor, IL 60422 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer The Retina Center Occupation Physician Aggregate Year-to-Date > \$200.00	Date (month, day, year) 12/9/97	Amount of Each Receipt this Period \$200.00
G. Full Name, Mailing Address and ZIP Code Francis E. Cangemi, M.D. 5 Franklin Avenue, Suite G-5 Bulleville, N.J. 07109 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Vitreoretinal Associates Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/1/97	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)

\$4,950.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 5 OF 25
FOR LINE NUMBER 11(C)(1)

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)

Melissa M. Brown, M.D. for Congress Committee

A. Full Name, Mailing Address and ZIP Code Mo'ez M. Carim, M.D. 1601 Muscun Road Wyomissing, PA 19610 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Carim Eye & Retina Associates Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/24/97	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Cristina A. Cavalieri 1742 Lombard Street Philadelphia, PA 19146 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Pelino & Lentz Attornies at Law Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/12/97	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Gilbert W. Cleasby, M.D. 2400 Clay Street San Francisco, CA 94115 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Gilbert Cleasby, M.D., Inc. Occupation Physician Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/24/97	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Elisabeth J. Cohen, M.D. 405 Richard Knoll Haverford, PA 19041 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Corneal Associates Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/15/97	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Mary Louise Z. Collins, M.D. 5713 St. Albans Way Baltimore, MD 21212 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Greater Baltimore Medical Center Occupation Physician Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/30/97	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Mandi D. Conway, M.D. 2020 Gravier Street, Suite B New Orleans, LA 70112 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period \$ 200.00
G. Full Name, Mailing Address and ZIP Code Mark W. Cooper, M.D. 816 Chauncey Road Penn Valley, PA 19072 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Methodist Hospital Occupation Physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$4,200.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE **6** OF **25**
FOR LINE NUMBER
11(a)(1)

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)

Melissa M. Brown, M.D. For Congress Committee

A. Full Name, Mailing Address and ZIP Code Donald Cullen 6505 Emilie Lane East Syracuse, NY 13057 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Young Agency Occupation Insurance Agent Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/30/97	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Mary Ellen P. Cullom 813 Independence Blvd. Virginia Beach, VA 23455 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/8/97	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code Kirittkumar T. Desai, M.D. 1223 Knox Drive Yardley, PA 19067 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code James A. Deutsch, M.D. 110 Remsen Street Brooklyn, NY 11201 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code James B. Dickson, M.D. 151 Holly Ridge Lane West Columbia, SC 29169 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Columbia Eye Clinic Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/8/97	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Larry A. Donoso, M.D. 928 Locust Street Philadelphia, PA 19107 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Willis Eye Hospital Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/29/97	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code John D. Dugan, Jr, M.D. 60 Watson's Way Medford, NJ 08055 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Eye Physicians of Southern N.J. Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/2/97	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$2,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A
ITEMIZED RECEIPTS

 Use separate schedule(s)
for each category of the
Detailed Summary Page

 PAGE **71** OF **25**

 FOR LINE NUMBER
11(A)(1)

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)
Melissa M. Brown, M.D. for Congress Committee

A. Full Name, Mailing Address and ZIP Code Forrest J. Ellis, M.D. 35 Lochspur Lane Morland Hills, OH 44022 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer University Ophthalmologists, Inc. Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/5/97	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Kenneth D. Farragut 605 Creek Lane Florentown, PA 19031 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer RETIRED Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/97	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code George E. Fava, M.D. 1625 Fieldcrest Drive Lebanon, PA 17042 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Fava Eye Care Associates Physician Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/6/97	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Richard A. Felice, Sr. 6 Foxfield Court Mechanicsburg, PA 17055-7339 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Pennsylvania Physicians Care Chief Executive Officer Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Stephen M. Felton, M.D. 56 White Oak Drive Princeton, NJ 08540 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Felton Wong Associates Physician Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/30/97	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Stuart L. Fine, M.D. 914 Sorrel Lane Bryn Mawr, PA 19010 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Schrie Eye Institute Physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/8/97	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Robert D. Young 500 Plum Street Syracuse, NY 13204-1480 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Young Agency Executive Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/97	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)
\$4,250.00
TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 8 OF 25
FOR LINE NUMBER 11(a)(1)

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)

Melissa M. Brown, M.D. For Congress Committee

A. Full Name, Mailing Address and ZIP Code Harry W. Flynn, M.D. 900 N.W. 17th Street Miami, FL 33136 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Bascom Palmer Institute Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/8/97	Amount of Each Receipt this Period \$ 250.00
B. Full Name, Mailing Address and ZIP Code David L. Forde, M.D. 8016 Seminole Street Philadelphia, PA 19118 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Chestnut Hill Medical Specialists, P.C. Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/5/97	Amount of Each Receipt this Period \$ 250.00
C. Full Name, Mailing Address and ZIP Code Mark A. Friedberg, M.D. 64 Harvey Drive Short Hills, NJ 07078 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer The Mid-Atlantic Eye Center Occupation Physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/11/97	Amount of Each Receipt this Period \$ 500.00
D. Full Name, Mailing Address and ZIP Code Karen L. Fung, M.D. 702 Pine Street Philadelphia, PA 19106 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/11/97	Amount of Each Receipt this Period \$ 250.00
E. Full Name, Mailing Address and ZIP Code Wayne E. Fung, M.D. 2128 Lyon Street San Francisco, CA 94115 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Pacific Medical Center Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/11/97	Amount of Each Receipt this Period \$ 250.00
F. Full Name, Mailing Address and ZIP Code Francis P. Furgiuele, M.D. Parc Plaza, 725 Skippack Pike, Blue Bell, PA 19422 Suite 3A1 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer FRANCIS P. FURGIUELE MD PC Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/6/97	Amount of Each Receipt this Period \$ 250.00
G. Full Name, Mailing Address and ZIP Code Vernon K.W. Wong, M.D. 1481 S. King Street, Suite 423 Honolulu, HI 96814 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/1/97	Amount of Each Receipt this Period \$ 250.00

SUBTOTAL of Receipts This Page (optional)

\$ 2,000.00

TOTAL This Period (next page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 9 OF 25
FOR LINE NUMBER
11(a)(1)

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)

Melissa H. Brown, M.D. For Congress Committee

A. Full Name, Mailing Address and ZIP Code Edward W. Gerner 17 Lianfair Circle Ardmore, PA 19003 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period \$350.00
B. Full Name, Mailing Address and ZIP Code Barbara Gladstone 1509 North Fielder Road Ambler, PA 19002 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer N/A Occupation Homemaker Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/29/97	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Morton F. Goldberg, M.D. 3607 Anton Farms Baltimore, MD 21208-1705 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Johns Hopkins University Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/21/97	Amount of Each Receipt this Period \$ 250.00
D. Full Name, Mailing Address and ZIP Code Julia Haller Gottsch, M.D. 1316 Glencoe Road Glencoe, MD 21152 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Johns Hopkins University Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/3/97	Amount of Each Receipt this Period \$ 250.00
E. Full Name, Mailing Address and ZIP Code M. Gilbert Grand, M.D. 10544 Frontenac Woods Lane St. Louis, MO 63131-3415 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Retinal Consultants - of St. Louis Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/11/97	Amount of Each Receipt this Period \$ 250.00
F. Full Name, Mailing Address and ZIP Code Robert Kitei, M.D. 65 E. Elizabeth Avenue, Ste. 900 Bethlehem, PA 18018 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Bethlehem Eye Associates, P.C. Occupation Physician Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 12/13/97	Amount of Each Receipt this Period \$ 200.00
G. Full Name, Mailing Address and ZIP Code David R. Haas, M.D. 1007 Rollingwood Drive NW Wilson, NC 27896-1550 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Wilson-Carolina Eye Center Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/12/97	Amount of Each Receipt this Period \$ 250.00

SUBTOTAL of Receipts This Page (optional)

\$2,550.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 10 OF 25
FOR LINE NUMBER 1K0 (f)

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)

Melissa M. Brown, M.D. for Congress Committee

A. Full Name, Mailing Address and ZIP Code George D. Hall, M.D. 403 Standish Drive Dewitt, NY 13224 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/97	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Sadeer Basim Hannush, M.D. 10 Armstrong Circle Newtown, PA 18940 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/20/97	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Allen C. Ho, M.D. 109 Evergreen Ct. Blue Bell, PA 19422 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Scheie Eye Institute Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/97	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code Stephen Willis Wong, M.D. 126 Spruce Street Philadelphia, PA 19106 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Temple University Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/9/97	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code Philip Horowitz, M.D. 24 Pontiac Drive Medford, NJ 08055 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer South Jersey Eye Physicians Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/1/97	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Susan M. Hughes, M.D. 606 S. Washington Square, Apt. 2402 Philadelphia, PA 19106 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Alan E. Irwin, M.D. 5 Wildwood Drive Essex Junction, VT 05452 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Fletcher Allan Health Care Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/15/97	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)

\$3,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 11 OF 25
FOR LINE NUMBER 11(a)(1)

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)

▶ **Melissa M. Brown, M.D. for Congress Committee**

A. Full Name, Mailing Address and ZIP Code Jack L. Jaroh 323 Indian Creek Drive Mechanicsburg, PA 17055 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Pennsylvania Physicians Care Occupation Vice President of Sales and Marketing Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 12/13/97	Amount of Each Receipt this Period \$ 200.00
B. Full Name, Mailing Address and ZIP Code Kimberly C. Williams 1009 Three Mile Drive Grosse Pointe Park, MI 48230 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer N/A Occupation Homemaker Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/1/97	Amount of Each Receipt this Period \$ 1,000.00
C. Full Name, Mailing Address and ZIP Code Melvyn A. Wolf, M.D. 585 Mason Drive Blue Bell, PA 19422 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 12/22/97	Amount of Each Receipt this Period \$ 200.00
D. Full Name, Mailing Address and ZIP Code Michael Y. Wong, M.D. 78 Lovers Lane Princeton, NJ Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period \$ 1,000.00
E. Full Name, Mailing Address and ZIP Code Michael L. Kay, M.D. 925 Lafayette Road Bryn Mawr, PA 19010 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 12/10/97	Amount of Each Receipt this Period \$ 200.00
F. Full Name, Mailing Address and ZIP Code Mark S. Keisler, M.D. 340 W. Butler Street Lexington, SC 29072 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Palmetto Ophthalmology Occupation Physician Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/1/97	Amount of Each Receipt this Period \$ 1,000.00
G. Full Name, Mailing Address and ZIP Code Robert C. Kersten, M.D. 10 Elm Avenue Wyoming, OH 45215 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer OPTHALMIC CONSULTANTS INC. Occupation Physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/4/97	Amount of Each Receipt this Period \$ 500.00

SUBTOTAL of Receipts This Page (optional)

\$4,100.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 12 OF 25
FOR LINE NUMBER
116 (C)

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)

Melissa M. Brown, M.D. For Congress Committee

A. Full Name, Mailing Address and ZIP Code Bruce J. Keyser, M.D. 3 Monroe Place Cranbury, NJ 08512 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Retinal Consultants of New Jersey Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/2/97	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Dennis J. Khoury, M.D. 380 Dreshertown Road Fort Washington, PA 19034 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/17/97	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code John H. Killian, M.D. 276 E. Chestnut Street Asheville, NC 28801 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Western Carolina Retinal Associates Occupation Physician Aggregate Year-to-Date > \$200.00	Date (month, day, year) 12/24/97	Amount of Each Receipt this Period \$200.00
D. Full Name, Mailing Address and ZIP Code Ronald W. Kimball, M.D. 1 Wingate Court Flourtown, PA 19031 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$350.00	Date (month, day, year) 12/30/97	Amount of Each Receipt this Period \$350.00
E. Full Name, Mailing Address and ZIP Code Andrew S. Kimmel, M.D. 800 Ostrum Street, Suite 300 Bethlehem, PA 18015 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/5/97	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code W. Reed Kindermann, M.D. 1 East Oak Avenue Moorestown, NJ 08057 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer W. REED KINDERMANN MD PA Occupation Physician Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/5/97	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Robert C. Kleiner, M.D. 1725 Governor's Way Blue Bell, PA 19422 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Retinal Consultants Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/30/97	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$3,050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 13 OF 25
FOR LINE NUMBER
11(A)(1)

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)

Melissa M. Brown, M.D. for Congress Committee

A. Full Name, Mailing Address and ZIP Code Carol Ann Kleiner 1725 Governor's Way Blue Bell, PA 19422 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer N/A Occupation Homemaker Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/30/97	Amount of Each Receipt this Period \$ 500.00
B. Full Name, Mailing Address and ZIP Code William J. Jordan, M.D. 200 Mifflin Avenue Scranton, PA 18503 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Northeastern Eye Institute Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/1/97	Amount of Each Receipt this Period \$ 250.00
C. Full Name, Mailing Address and ZIP Code Peter R. Leibson, M.D. 445 Mulberry Lane Haverford, PA 19041-1911 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Corneal Associates Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/97	Amount of Each Receipt this Period \$ 250.00
D. Full Name, Mailing Address and ZIP Code Patrick T. Lally, M.D. 911 Ligonier Street, Suite 102 Latrobe, PA 15650 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/6/97	Amount of Each Receipt this Period \$ 250.00
E. Full Name, Mailing Address and ZIP Code Michael Lambert, M.D. 6435 Buffalo Speedway Houston, TX 77005 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Baylor College of Medicine Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/20/97	Amount of Each Receipt this Period \$ 250.00
F. Full Name, Mailing Address and ZIP Code Stephen S. Lane, M.D. 5651 Erik Lane Shoreview, MN 55126 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Associated Eye Care Occupation Physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/17/97	Amount of Each Receipt this Period \$ 500.00
G. Full Name, Mailing Address and ZIP Code Richard C. Lanning 310 Indian Creek Drive Mechanicsburg, PA 17055 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Retinal & Oculoplastic Consultants Occupation Physician Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/19/97	Amount of Each Receipt this Period \$ 1,000.00

SUBTOTAL of Receipts This Page (optional)

\$3,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 14 OF 25
FOR LINE NUMBER
116213

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)

Melissa M. Brown, M.D. for Congress Committee

A. Full Name, Mailing Address and ZIP Code Carol M. Lee, M.D. 161 Madison Avenue New York, NY 10016 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/1/97	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Charles T. Lee, Jr, M.D. 8882 Norwood Avenue Philadelphia, PA 19118 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer N/A Occupation Retired Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/12/97	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Steven R. Leff, M.D. 225 Tracy Drive Morganville, NJ 07751-1672 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Retina Vitreous Center Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/5/97	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code Robert D. Lehman, Jr, M.D. 331 Llandrillo Road Bala Cynwyd, PA 19004 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/30/97	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Martin R. Lentz One Liberty Place, 32nd Floor Philadelphia, PA 19103 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Pelino & Lentz Attorneys at Law Occupation Attorney Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 11/11/97	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Lisa J. Linder, M.D. 835 Strawberry Lane Wynnewood, PA 19096 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/6/97	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Richard L. Lindstrom, M.D. 2811 Westwood Road Wayzata, MN 55391 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Drs. Lindstrom, Samuelson & Hardestein Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/3/97	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)

\$4,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 15 OF 25
FOR LINE NUMBER
1182 (1)

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)

Melissa M. Brown, M.D. for Congress Committee

A. Full Name, Mailing Address and ZIP Code Alfred C. Lucier, M.D. 355 Thornbrook Road Rosemont, PA 19010-1661 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Alfred Lucier & Associates Occupation Physician Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/14/97	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Solomon C. W. Luo, M.D. 350 Patton Drive Orwigsburg, PA 17961 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/9/97	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Joseph I. Maguire, M.D. 554 Manor Road Wurrenwood, PA 19096 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Annesley, Flanagan, Fischer, Stefenysen Associates Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/13/97	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Thomas L. Manzo, M.D. 1329 East High Street Pottstown, PA 19464-4949 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/4/97	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code John C. Welch, M.D. 1139 N. Kansas Hastings, NE 68901-1139 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/8/97	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Melanie C. Martin, M.D. 511 Cresheim Valley Road Wyndmoor, PA 19038 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/2/97	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code Janine A. Matsko, M.D. 250 Philip Place Philadelphia, PA 19106 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Drs. Heick & Matsko Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$4,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A
ITEMIZED RECEIPTS

 Use separate schedule(s)
for each category of the
Detailed Summary Page

 PAGE 16 OF 25
FOR LINE NUMBER 11(a)(i)

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)

Melissa M. Brown, M.D. for Congress Committee

A. Full Name, Mailing Address and ZIP Code Marilyn R. McDonald, M.D. 1204 Bethlehem Avenue Bethlehem, PA 18015 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/3/97	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Judith E. Melick, M.D. 3 Wingate Court Flourtown, PA 19031 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Drs. Melick & Matsko Occupation Physician Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Richard J. Minchart, M.D. 2100 North Broad Street Lansdale, PA 19446 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Surgical Associates Occupation Physician Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/22/97	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Carol J. Moore 305 White Heron Circle Fayetteville, NY 13066 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer N/A Occupation Retired Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/24/97	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Roy S. Moore, Jr. M.D. 3067 Twin Lakes Terrace, Unit 104 Ft. Pierce, FL 34951 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer N/A Occupation Retired Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/24/97	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Roy S. Moore, III 4751 Limburtost Lane Manlius, NY 13104 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Young Agency Occupation Executive Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/24/97	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Sanford L. Moretsky, D.O. 7461 E. Northern Avenue Scottsdale, AZ 85258 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Valley Eye Moretsky Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/9/97	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)

\$5,500

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 17 OF 25
FOR LINE NUMBER
11(6) (1)

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)

Melissa M. Brown, M.D. for Congress Committee

A. Full Name, Mailing Address and ZIP Code Marlene R. Master MD 261 N. Latches Lane Union Station, PA 19066 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Glaucoma Consultants, Inc. Occupation PHYSICIAN Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/16/97	Amount of Each Receipt This Period \$250.00
B. Full Name, Mailing Address and ZIP Code Herbert J. Nevias, M.D. 1120 Tower Lane East Narberth, PA 19072 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/15/97	Amount of Each Receipt This Period \$500.00
C. Full Name, Mailing Address and ZIP Code Jacqueline S. Watskin, M.D. 24 Pontiac Drive Medford, NJ 08055-8148 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/15/97	Amount of Each Receipt This Period \$250.00
D. Full Name, Mailing Address and ZIP Code Jarl C. Nielson, M.D. 2005 Silverada Blvd. Reno, NV 89512 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Nevada Retina Associates Occupation Physician Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/11/97	Amount of Each Receipt This Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Donna M. Nielson 2005 Silverada Blvd. Reno, NV 89512 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer N/A Occupation Homemaker Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/11/97	Amount of Each Receipt This Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Thaddeus S. Nowinski, M.D. 115 Cardinal Way North Wales, PA 19454 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Ophthalmic Consultants Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/8/97	Amount of Each Receipt This Period \$500.00
G. Full Name, Mailing Address and ZIP Code Timothy W. Olson, M.D. 437 Cherry Hill Drive Madison, WI 53717 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer University of Wisconsin Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/1/97	Amount of Each Receipt This Period \$250.00

SUBTOTAL of Receipts This Page (optional)

\$3,750.00

TOTAL This Period (last page this line number only)

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)

Melissa M. Brown, M.D. for Congress Committee

A. Full Name, Mailing Address and ZIP Code David S.C. Pao, M.D. 1018 Street Road, Suite 201 Southampton, PA 18966 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Eye Care Physicians & Specialists Occupation Physician Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/2/97	Amount of Each Receipt This Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Leonard Parver, M.D. 8505 Scarboro Court Potomac, MD 20854 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/22/97	Amount of Each Receipt This Period \$250.00
C. Full Name, Mailing Address and ZIP Code John W. Pelino One Liberty Place, 32nd Floor Philadelphia, PA 19103 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Pelino & Lentz Attorneys at Law Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/20/97	Amount of Each Receipt This Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Gholam A. Peyman, M.D. 2020 Gravier Street, Suite B New Orleans, LA 70112 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation PHYSICIAN Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/4/97	Amount of Each Receipt This Period \$250.00
E. Full Name, Mailing Address and ZIP Code George O. Waring, III, M.D. 875 Johnson Ferry Road Atlanta, GA 30342 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Emory University Occupation Professor Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/19/97	Amount of Each Receipt This Period \$500.00
F. Full Name, Mailing Address and ZIP Code T. Clark Phillip, Jr. 538 Chestnut Avenue Hershey, PA 17033 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Pennsylvania Physicians Care Occupation Executive Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/16/97	Amount of Each Receipt This Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Mark A. Piasio, M.D. 705 Treasure Lake Dubois, PA 15801 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/22/97	Amount of Each Receipt This Period \$1,000.00

SUBTOTAL of Receipts This Page (optional)

\$5,000.00

TOTAL, This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 19 OF 25
FOR LINE NUMBER 11(a)(1)

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, either then using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Melissa M. Brown, M.D., for Congress Committee

A. Full Name, Mailing Address and ZIP Code Joseph Brennan Walsh, M.D. 230 East 15th Street New York, NY 10003 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer New York Eye & Ear Infirmary Occupation Physician Aggregate Year-to-Date > \$300.00	Date (month, day, year) 12/17/97	Amount of Each Receipt this Period \$300.00
B. Full Name, Mailing Address and ZIP Code David J. Randall, M.D. 46-001-KAM Hwy., # 405 Kaneohe, HI 96744 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Winward Eye Clinic Occupation Physician Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/1/97	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Christopher J. Rapuano, M.D. 730 Clarendon Road Penn Valley, PA 19072 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Wilks Eye Hospital Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 11/18/97	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Paul A. Raskauskas, M.D. 250 Cocohatchee Blvd. Naples, FL 33942 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Retinal Consultants Occupation Physician Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/1/97	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Carl D. Regillo, M.D. 13337 Tining Drive Poway, CA 92064 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Naval Medical Center Occupation Physician Aggregate Year-to-Date > \$300.00	Date (month, day, year) 12/1/97	Amount of Each Receipt this Period \$300.00
F. Full Name, Mailing Address and ZIP Code Mary Reinecke 318 South 2nd Street Philadelphia, PA 19106 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer N/A Occupation Homemaker Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/1/97	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Charles J. Rife 1849 Fisher Road Mechanicsburg, PA 17055 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer N/A Occupation Retired Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/30/97	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)

\$4,350.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 20 OF 25
FOR LINE NUMBER 1100

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)

Melissa M. Brown, M.D. For Congress Committee

A. Full Name, Mailing Address and ZIP Code David M. Ringel, D.O. 101 A Kings Way West Sewell, NJ 08080 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer DAVID M. RINGEL D.O. PA Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/11/97	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code David M. Rodgers, M.D. 1660 Caston Circle Blue Bell, PA 19422 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Chestnut Hill Cardiology Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/22/97	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Steven L. Rodis, M.D. 1112 Holmes Avenue Vineland, NJ 08360 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer The Eye Professionals Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/9/97	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code Howard Rosenthal 731 Bradford Alley Philadelphia, PA 19147 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Pulino & Lentz Attorneys at Law Occupation Attorney Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 11/20/97	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Richard S. Ross, M.D. 1297 Bunker Hill Drive Cherry Hill, NJ 08003-2701 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Rosanski and Ross, P.C. Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/2/97	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Richard S. Rowley, M.D. 669 Richards Road Wayne, PA 19087 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Phoenixville Eye Care Specialists Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/23/97	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code Mark Charles Ruchman, M.D. P.O. Box 1446 Washington, CT 06793 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Opticare Eye Health Center Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/23/97	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)

\$2,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 21 OF 25
FOR LINE NUMBER
11(A)(1)

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)

Melissa M. Brown, M.D. For Congress Committee

A. Full Name, Mailing Address and ZIP Code Ralph S. Sando, M.D. 100 Church Street Ardmore, PA 19003 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Philadelphia Ophthalmology Associates Occupation Physician Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12/22/97	Amount of Each Receipt this Period \$ 1,000.00
B. Full Name, Mailing Address and ZIP Code Lov K. Sarin, M.D. 605 Old Gulph Road Narberth, PA 19072 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/3/97	Amount of Each Receipt this Period \$ 250.00
C. Full Name, Mailing Address and ZIP Code David B. Schaffer, M.D. 851 Dawnwood Lane Miquon, PA 19444 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Childrens Hospital Occupation Physician Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 12/6/97	Amount of Each Receipt this Period \$ 300.00
D. Full Name, Mailing Address and ZIP Code Norman J. Schatz, M.D. 200 Ocean Lane Drive, # 305 Key Biscayne, FL 33149 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer N/A Occupation Retired Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/8/97	Amount of Each Receipt this Period \$ 250.00
E. Full Name, Mailing Address and ZIP Code George J. Schunck 500 Plum Street Syracuse, NY 13204-1480 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Young Agency Occupation Executive Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/97	Amount of Each Receipt this Period \$ 250.00
F. Full Name, Mailing Address and ZIP Code Louis W. Schwartz, M.D. 413 Newbold Road Jenkintown, PA 19046 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Ophthalmic Consultants Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/4/97	Amount of Each Receipt this Period \$ 250.00
G. Full Name, Mailing Address and ZIP Code Mark B. Sherwood 2527 N.W. 27th Place Gainesville, FL 32605 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer University of Florida Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/10/97	Amount of Each Receipt this Period \$ 250.00

SUBTOTAL of Receipts This Page (optional)

\$2,550.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 22 OF 25
FOR LINE NUMBER 11001

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)

Melissa M. Brown, M.D. For Congress Committee

A. Full Name, Mailing Address and ZIP Code Jerry A. Shields, M.D. 617 Williamson Road Bryn Mawr, PA 19010 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Wills Eye Hospital Occupation Physician Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 11/18/97	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Carol L. Shields, M.D. 617 Williamson Road Bryn Mawr, PA 19010 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Wills Eye Hospital Occupation Physician Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 11/18/97	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Robert L. Shindler, M.D. 1714 Olmstead Way Camp Hill, PA 17011 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 11/30/97	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Raymond N. Sjaarda, M.D. 40 Springhill Farm Ct. Cockeysville, MD 21030 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Retina Specialists Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/10/97	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and ZIP Code David J. Smith, M.D. 4807 Atlantic Avenue Ventnor, NJ 08406 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/4/97	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Stephen Sorokanich, Jr, M.D. 538 Spruce Street Scranton, PA 18503-1816 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period \$250.00
G. Full Name, Mailing Address and ZIP Code William B. Spencer, M.D. 7150 Greenville Ave, Suite 400 Dallas, TX 75231 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/12/97	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)

\$4,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 23 OF 25

FOR LINE NUMBER

11(a) (1)

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)

Melissa M. Brown, M.D. for Congress Committee

A. Full Name, Mailing Address and ZIP Code Bruce E. Spivey, M.D. 1530 N. State Parkway Chicago, IL 60610 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Northwestern University Occupation Physician Aggregate Year-to-Date > \$200.00	Date (month, day, year) 12/31/97	Amount of Each Receipt This Period \$200.00
B. Full Name, Mailing Address and ZIP Code John R. Stechschulte, M.D. 1200 Brittany Lane Columbus, OH 43220 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer The Eye Surgery Center of Ohio Occupation Physician Aggregate Year-to-Date > \$300.00	Date (month, day, year) 12/4/97	Amount of Each Receipt This Period \$300.00
C. Full Name, Mailing Address and ZIP Code Drew J. Stoken, M.D. 338 Alexander Spring Road Carlisle, PA 17013 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year) 12/3/97	Amount of Each Receipt This Period \$250.00
D. Full Name, Mailing Address and ZIP Code Hunter R. Stokes, M.D. 2424 Parkland Drive Florence, SC 29501 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Stokes Eye Clinic Occupation Physician Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 12/9/97	Amount of Each Receipt This Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code William E. Sun, M.D. 2031 Locust Street Philadelphia, PA 19103 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$200.00	Date (month, day, year) 11/30/97	Amount of Each Receipt This Period \$200.00
F. Full Name, Mailing Address and ZIP Code Alice Lea M. Tasman 550 East Gravers Lane Wyndmoor, PA 19038 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Wills Eye Hospital Occupation Fundraising Coordinator Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/1/97	Amount of Each Receipt This Period \$500.00
G. Full Name, Mailing Address and ZIP Code William Tasman, M.D. 550 East Gravers Lane Wyndmoor, PA 19038 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Retinovitreal Associates Occupation Physician Aggregate Year-to-Date > \$500.00	Date (month, day, year) 12/1/97	Amount of Each Receipt This Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$2,950.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 24 OF 25

FOR LINE NUMBER

11(A)(C)

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)

Melissa M. Brown, M.D. for Congress Committee

A. Full Name, Mailing Address and ZIP Code Gary J. Thomas, M.D. 2705 Decatur Street, Suite 305 Norristown, PA 19401 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Suburban Eye Care Associates Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/16/97	Amount of Each Receipt This Period \$250.00
B. Full Name, Mailing Address and ZIP Code John T. Thompson, M.D. 1428 C West Joppa Road Ruxton, M.D. 21204-3618 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Retina Specialists Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/16/97	Amount of Each Receipt This Period \$250.00
C. Full Name, Mailing Address and ZIP Code T. Ramsey Thorp, M.D. 7901 Pine Road Wyndmoor, PA 19638 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Thorp, Bailey, P.C. Occupation Physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/19/97	Amount of Each Receipt This Period \$500.00
D. Full Name, Mailing Address and ZIP Code Trexler M. Topping, M.D. 132 Farlow Road Newton, MA 02158 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Ophthalmic Consultants of Boston Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/11/97	Amount of Each Receipt This Period \$250.00
E. Full Name, Mailing Address and ZIP Code Arthur W. Walsh, M.D. 159 Arthur Avenue Minneapolis, MN 55414 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer University of Minnesota Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/30/97	Amount of Each Receipt This Period \$250.00
F. Full Name, Mailing Address and ZIP Code Francois D. Trotha, M.D. 1000 N. Curtis, Suite 201 Boise, ID 83706 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/13/97	Amount of Each Receipt This Period \$250.00
G. Full Name, Mailing Address and ZIP Code Kenneth D. Tuck, M.D. 3320 Franklin Road S.W. Roanoke, VA 24104 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Tuck & Strelow Associates Occupation Physician Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 12/6/97	Amount of Each Receipt This Period \$200.00

SUBTOTAL of Receipts This Page (optional)

\$1,950.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule(s)
for each category of the
Detailed Summary Page

 PAGE 25 OF 25
FOR LINE NUMBER 11(A) (1)

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)

Melissa M. Brown, M.D. for Congress Committee

A. Full Name, Mailing Address and ZIP Code Sydney L. Tyson 8 Windy Acres Drive Sewell, NJ 08080-1899 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer The Eye Professionals Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period \$ 250.00
B. Full Name, Mailing Address and ZIP Code Albert Vaiser, M.D. 7150 Greenville Avenue, #500 Greenville, TX 75231-5167 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/13/97	Amount of Each Receipt this Period \$ 250.00
C. Full Name, Mailing Address and ZIP Code James F. Vander, M.D. 839 Summit Road Penn Valley, PA 19072 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Retino-vitreous Associates Occupation Physician Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/11/97	Amount of Each Receipt this Period \$ 1,000.00
D. Full Name, Mailing Address and ZIP Code Joseph P. Walker, M.D. 1205 Linwood Fort Myers, FL 33901 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Retina Consultants Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/5/97	Amount of Each Receipt this Period \$ 250.00
E. Full Name, Mailing Address and ZIP Code Antonio Ramos Umpierre, M.D. 421 Munoz Rivera Hato Rey, PR 00918 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/20/97	Amount of Each Receipt this Period \$ 250.00
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

\$2,000.00

TOTAL This Period (last page this line number only)

\$87,550.00

SCHEDULE A

ITEMIZED RECEIPTS

PAC - CONTRIBUTIONS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 1100

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)

MELISSA M. BROWN MO FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code <i>OPHTH PAC</i> <i>SUITE 700</i> <i>1101 VERMONT AVE. NW</i> <i>WASHINGTON DC 20005-3570</i> Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <i>1159.70</i> <i>(3rd Kind: MAILING)</i>	Date (month, day, year) <i>12/30/97</i>	Amount of Each Receipt this Period <i>1159.70</i> <i>(MEMO 6-24-98)</i>
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

1159.70

TOTAL This Period (last page this line number only)

1159.70

SCHEDULE A

ITEMIZED RECEIPTS
CANDIDATE CONTRIBUTION

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) MELISSA M. BROWN MO FOR CONGRESS COMMITTEE					
A. Full Name, Mailing Address and ZIP Code MELISSA M. BROWN MO 6010 WEST MILL ROAD FLOWERTOWN, PA. 19031		Name of Employer MELISSA M. BROWN MO PC		Date (month, day, year) 11/12/97	Amount of Each Receipt this Period 2609.98 (MEMBER)
Receipt For: ☒ Primary ☐ General ☐ Other (specify):		Occupation PHYSICIAN		Aggregate Year-to-Date > \$ 2609.98; MEMBER	
B. Full Name, Mailing Address and ZIP Code MELISSA M. BROWN MO 6010 WEST MILL ROAD FLOWERTOWN, PA. 19031		Name of Employer MELISSA M. BROWN MO PC		Date (month, day, year) 11/20/97	Amount of Each Receipt this Period 20.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):		Occupation PHYSICIAN		Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):		Occupation		Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):		Occupation		Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):		Occupation		Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):		Occupation		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):		Occupation		Aggregate Year-to-Date > \$	
SUBTOTAL of Receipts This Page (optional)					2629.98
TOTAL This Period (last page this line number only)					2629.98

SCHEDULE A

ITEMIZED RECEIPTS

CANDIDATE - LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 13 (a)

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)

MELISSA M. BROWN MD FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code MELISSA M. BROWN MD 6010 WEST MILL ROAD FLOURDORN, PA. 19031	Name of Employer MELISSA M. BROWN MD PC	Date (month, day, year) 10/20/97	Amount of Each Receipt this Period 15,800.00 (MEMO ENTRY)
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation PHYSICIAN		
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code MELISSA M. BROWN MD 6010 WEST MILL ROAD FLOURDORN, PA. 19031	Name of Employer MELISSA M. BROWN MD PC	Date (month, day, year) 12/24/97	Amount of Each Receipt this Period 200,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation PHYSICIAN		
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional) 215,800.00

TOTAL This Period (last page this line number only) 215,800.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER 17

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)

MELISSA M. BROWN MD FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code MELISSA M. BROWN MD PC 1107 BETHLEHEM PIKE, SUITE 210 FLOURTOWN, PA. 19031	Purpose of Disbursement REIMBURSE TELEPHONE EXPENSE Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/1/97	Amount of Each Disbursement This Period 453.77
B. Full Name, Mailing Address and ZIP Code VOTERLINK DATA SYSTEMS ONE PRESIDENTIAL BLVD., SUITE 209 BALA CYNWYD, PA. 19004	Purpose of Disbursement CONSULTANT Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/4/97	Amount of Each Disbursement This Period 5,000.00
C. Full Name, Mailing Address and ZIP Code AMY SHAW 831 JUNIPER DRIVE LAFAYETTE HILL, PA. 19444	Purpose of Disbursement PAYROLL Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/4/97	Amount of Each Disbursement This Period 699.95
D. Full Name, Mailing Address and ZIP Code GETL PRINTING 1501 BETHLEHEM PIKE FLOURTOWN, PA. 19031	Purpose of Disbursement PRINTING ENVELOPES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/4/97	Amount of Each Disbursement This Period 503.50
E. Full Name, Mailing Address and ZIP Code VOTERLINK DATA SYSTEMS ONE PRESIDENTIAL BLVD., SUITE 209 BALA CYNWYD, PA. 19004	Purpose of Disbursement REIMBURSE PRINTING, ENVELOPES, AND STATIONERY Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/16/97	Amount of Each Disbursement This Period 1,757.58
F. Full Name, Mailing Address and ZIP Code AMY SHAW 831 JUNIPER DRIVE LAFAYETTE HILL, PA. 19444	Purpose of Disbursement PAYROLL Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/10/97	Amount of Each Disbursement This Period 777.50
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

9,192.30

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 2 OF 2
FOR LINE NUMBER 17

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)

MELISSA M. BROWN MD FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MARKET STREET 181 2ND 200 TOWN CENTER, SUITE 2600 SOUTHFIELD, MICHIGAN 48075	SURVEY Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	10/20/97	15,800.00 (MEMO ENTRY)
B. Full Name, Mailing Address and ZIP Code MELISSA M. BROWN MD 6010 WEST MILL ROAD FLOUROTOWN, PA. 19031	COMPUTER EQUIPMENT Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	11/12/97	2,609.98 (MEMO ENTRY) (IN KING: COMPUTER)
C. Full Name, Mailing Address and ZIP Code OPATH PAC SUITE 700 1101 VERAUNT AVE. NW WASHINGTON DC 20005-3570	MAILING Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	12/30/97	1,159.70 (MEMO ENTRY) (IN KING: MAILING)
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

19,569.68

TOTAL This Period (last page this line number only)

28,761.98

LOANS

Name of Committee (if Full)

MELISSA M. BROWN MD FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code of Loan Source MELISSA M. BROWN MD 6010 WEST MILL ROAD FLOUETOWN, PA. 19031		Original Amount of Loan 200,000.00	Cumulative Payment To Date	Balance Outstanding at Close of This Period 200,000.00
Election: ☒ Primary ☐ General ☐ Other (specify):				
Term: Date Incurred: <u>12/24/97</u> Date Due: <u>12/31/00</u> Interest Rate: <u>7.0</u> % (apr)		☐ Secured		
List All Endorsers or Guarantors (if any) to Item A				
1. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
2. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
3. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			

B. Full Name, Mailing Address and ZIP Code of Loan Source MELISSA M. BROWN MD 6010 WEST MILL ROAD FLOUETOWN, PA. 19031		Original Amount of Loan 15800.00	Cumulative Payment To Date	Balance Outstanding at Close of This Period 15800.00
Election: ☒ Primary ☐ General ☐ Other (specify):				
Term: Date Incurred: <u>11/3/97</u> Date Due: <u>12/31/00</u> Interest Rate: <u>7.0</u> % (apr)		☐ Secured		
List All Endorsers or Guarantors (if any) to Item B				
1. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
2. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
3. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			

SUBTOTALS This Period This Page (optional)	215800.00
TOTALS This Period (last page in this line only)	215800.00

Carry outstanding balances only to LINE 11, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Creditor (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
MELISSA M. BROWN MO FOR CONGRESS COMMITTEE				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor INTERNAL REVENUE SERVICE PHILADELPHIA, PA. 19255	- 0 -	514.70	- 0 -	514.70
Nature of Debt (Purpose): PAYROLL TAX - 12/31/97				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor KEAPER STUDIO INC. 1018 EAST WILLOW GROVE AVE. WYOMING, PA. 19038	- 0 -	937.15	- 0 -	937.15
Nature of Debt (Purpose): PHOTOGRAPHY				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor VOTELINK DATA SYSTEMS ONE PRESIDENTIAL BLVD., Suite 209 BALA CANTON, PA. 19004	- 0 -	5000.00	- 0 -	5000.00
Nature of Debt (Purpose): CONSULTANT				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor MBNA / VISA P.O. Box 15019 WILMINGTON, DEL. 19850	- 0 -	4423.30	- 0 -	4423.30
Nature of Debt (Purpose): POSTAGE				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor MBNA / MAJOR CARD P.O. Box 15019 WILMINGTON, DEL. 19850	- 0 -	2801.80	- 0 -	2801.80
Nature of Debt (Purpose): PRINTING AND ENVELOPES				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
) SUBTOTALS This Period This Page (optional)				13676.95
) TOTALS This Period (last page in this line only)				13676.95
) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				215800.00
) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				329476.95

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

☒ Hand Delivered	Date of Receipt <i>1-28-98</i>
☐ First Class Mail	POSTMARKED
☐ Registered/Certified Mail	POSTMARKED
☐ No Postmark	
☐ Postmark Illegible	
☐ Received from the House office of Records and Registration	Date of Receipt
☐ Received from the Senate Office of Public Records	Date of Receipt
☐ Other (Specify):	Postmarked and/or Date of Receipt
☐ Electronic Filing	

SES
PREPARER

1-28-98
DATE PREPARED