

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(C)(1)

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**NAME OF COMMITTEE (in Full)**

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

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

**SUBTOTAL** of Receipts This Page (optional) .....

\$4,200.00

**TOTAL** This Period (last page this line number only) .....