

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 50
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wynn for Congress

Full Name (Last, First, Middle Initial) A. Eliece Smith, M.D., P.C.		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2008
Mailing Address 947D Annapolis Rd. STE 318		Transaction ID: C8738
City Lanham	State MD	Zip Code 20706
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self employed	Occupation OBGYN	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Otis Warren, Jr.		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2008
Mailing Address 10 South Howard Street, Suite 110		Transaction ID: C8700
City Baltimore	State MD	Zip Code 21201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Otis Warren Realty, Inc.	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Cordish Gap Center, LLC		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2008
Mailing Address 601 E. Pratt Street Suite 600		Transaction ID: C8885
City Baltimore	State MD	Zip Code 21202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Partnership	Occupation lawyer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	