

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 134

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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)

Anthony Brown for Congress

Full Name (Last, First, Middle Initial)

Lois A Bell

Mailing Address 16114 Parklawn Pl

City

Bowie

State

MD

Zip Code

20716-1906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : VN8JWE3P3J6

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Georges C. Benjamin MD

Mailing Address 108 Pembroke View Ln

City

Gaithersburg

State

MD

Zip Code

20877-3783

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Public Health Association

Occupation

Physician/Executive

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2015

Transaction ID : VN8JWE4WKA7

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Neil J. BloomMailing Address 1220A E Joppa Rd
Ste 223

City

Towson

State

MD

Zip Code

21286-5817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bloom & Associates

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2015

Transaction ID : VN8JWE5Y5N1

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

650.00