

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 103 / 335

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF MELISSA BROWN

Full Name (Last, First, Middle Initial) A. John McManus		Date of Receipt M / D / Y 09 / 20 / 2004
Mailing Address 105 N. Galveston St.		Transaction ID: SA11A1.10714
City Arlington	State VA	Zip Code 22203-1205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The McManus Group	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert M. McNamara		Date of Receipt M / D / Y 09 / 05 / 2004
Mailing Address 830 Foxwood Circle		Transaction ID: SA11A1.0933
City Lafayette Hill	State PA	Zip Code 19444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Temple University Physi- cians	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Calvin Mein		Date of Receipt M / D / Y 09 / 05 / 2004
Mailing Address 9 Sanctuary Drive		Transaction ID: SA11A1.10144
City San Antonio	State TX	Zip Code 78248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Calvin Mein, MD (self)	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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