

REPORT OF RECEIPTS AND DISBURSEMENTS

1/34

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
2000 JAN 31 AM

1. NAME OF COMMITTEE (in full) BROWN 2000		2. FEC IDENTIFICATION NUMBER C00346668
ADDRESS (number and street) PO BOX 488	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE, and ZIP CODE FLOURTOWN PA 19031	STATE / DISTRICT PA 13	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

- April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Twelfth day report preceding _____ (election type) election on _____ in the State of _____
- Thirtieth day report following the General Election
- Termination report

This report contains activity for Primary election General election Runoff election Special election

SUMMARY

5. Covering period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
07/01/1999 through 12/31/1999		
6. Net contributions (other than loans)		
(a) Total Contributions (other than loans) (from line 11(a))	115269.00	115269.00
(b) Total Contribution Refunds (from line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	115269.00	115269.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from line 17)	40864.87	40864.87
(b) Total Offsets to Operating Expenditures (from line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	40864.87	40864.87
8. Cash on Hand at Close of Reporting Period (from line 27)	344882.06	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	270000.00	

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. Neurgole**

Signature of Treasurer: *John M. Neurgole* Date: **1/29/00**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC Form 3)

Name of Committee (in full) BROWN 2000	Report Covering the Period	
	From: 07/01/1999	To: 12/31/1999
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)	82575.00	
(ii) Unitemized	22444.00	
(III) Total of contributions from individuals	105019.00	105019.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	10250.00	10250.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	115269.00	115269.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	170000.00	170000.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b))	170000.00	170000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	477.93	477.93
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	285746.93	285746.93
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	40864.87	40864.87
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	40864.87	40864.87
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		100000.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		285746.93
25. SUBTOTAL (add Line 23 and Line 24)		385746.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		40864.87
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		344882.06

SCHEDULE A

ITEMIZED RECEIPTS

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

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)
BROWN 2000

Full Name, Mailing Address, and ZIP Code Brandon Busbee, MD 2945 Bareklay Rd. Ardmore PA 19003	Name of Employer Will Eye Hospital Occupation Physician	Date (month, day, year) 07/21/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Ms Cristina Cavalieri, Esq 1742 Lombard St Philadelphia PA 19140	Name of Employer Paleno and Lentz Occupation Attorney	Date (month, day, year) 07/23/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Carol Shields, MD 617 Williamson Road Bryn Mawr PA 19010	Name of Employer Jerry A. Shields, MD Occupation Ophthalmologist	Date (month, day, year) 07/23/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Jerry Shields, MD 617 Williamson Road Bryn Mawr PA 19010	Name of Employer Jerry A. Shields, MD Occupation Ophthalmologist	Date (month, day, year) 07/23/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr Marlin Lentz, Esq One Liberty Place Floor 32 Philadelphia PA 19103	Name of Employer Paleno and Lentz Occupation Attorney	Date (month, day, year) 07/26/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Mr George Brown P.O. Box 1062 Cutchogue PA 11935	Name of Employer retired Occupation	Date (month, day, year) 07/27/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr George Brown P.O. Box 1062 Cutchogue PA 11935	Name of Employer retired Occupation	Date (month, day, year) 07/27/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2000.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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**NAME OF COMMITTEE (in Full)
BROWN 2000**

Full Name, Mailing Address, and ZIP Code Heather Brown 6010 West Mill Road Flourtown PA 19031 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Student Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/27/1999	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Ms. Heidi Brown 6010 West Mill Road Flourtown PA 19030 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Student Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/27/1999	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Sadeer Hannush, MD 10 Armstrong Circle Newtown PA 18940 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Sadeer, Hannush MD Occupation Physician Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/27/1999	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Mr Thomas Wagner, Esq 1006 Childs Avenue Drexel Hill PA 19026 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rawle and Henderson Occupation Attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 07/27/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Moira Burke, MD 1120 Shipwatch Circle Tampa FL 33602 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Moira Burke, MD Occupation physidian Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/01/1999	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Mrs. Greta Kinderman 1 East Oak Avenue Moorestown NJ 08057 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Homemaker Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/01/1999	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Mrs. Greta Kinderman 1 East Oak Avenue Moorestown NJ 08057 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Homemaker Occupation Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 08/01/1999	Amount of Each Receipt this Period 1000.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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**NAME OF COMMITTEE (In Full)
BROWN 2000**

Full Name, Mailing Address, and ZIP Code Reed Kindermann, MD 1 East Oak Avenue Moorestown NJ 8087	Name of Employer Reed Kinderman, MD Occupation Physician	Date (month, day, year) 08/01/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Reed Kindermann, MD 1 East Oak Avenue Moorestown NJ 8057	Name of Employer Reed Kinderman, MD Occupation Physician	Date (month, day, year) 08/01/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code David Randall, MD 45 001 Kam Highway No. 405 Kaneohe HI 96744	Name of Employer Windward Eye Physicians and Surgeons Occupation Physician	Date (month, day, year) 08/11/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr Spivey Bruce One Beckman Place New York NY 10022	Name of Employer Columbia Cornell Care Occupation CEO	Date (month, day, year) 08/14/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Allen Ho, MD 1415 Royal Oak Drive Blue Bell PA 19422	Name of Employer Retinovitrecus Associates Occupation physician	Date (month, day, year) 08/14/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Kelly Nell, MD 4283 Garden Hwy. Sacramento CA 95834	Name of Employer Retinal Consultants Medical Group Occupation physician	Date (month, day, year) 08/16/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Cynthia Parlato, MD 35 Oakwood Drive New Hartford NY 13413	Name of Employer Cynthia J. Parlato, MD Occupation physician	Date (month, day, year) 08/16/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		

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BROWN 2000

Full Name, Mailing Address, and ZIP Code Michael Wong, MD 78 Lovers Lane Princeton NJ 8540 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Felton, Wong, Wong, and Reynolds, P.A. Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/18/1999	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Greg Dragon, MD 18 Crestview Drive Ocean View NJ 8230 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cape Physicians Assoc. Occupation anesthesiologist	Date (month, day, year) 08/17/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Lisa Linder, MD 835 Strawberry Lane Wynnewood PA 19096 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Lisa J. Linder, M.D., F.A.C.S. Occupation physician	Date (month, day, year) 08/17/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Carl Regilio, MD 300 Cherry Lane Wynnewood PA 19096 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Relinvtreous Associates Occupation physician	Date (month, day, year) 08/17/1999	Amount of Each Receipt this Period 300.00
Full Name, Mailing Address, and ZIP Code David Rodgers, MD 1660 Caslon Circle Blue Bell PA 19422 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Chestnut Hill Cardiology Occupation physician	Date (month, day, year) 08/17/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Steven Rodis, MD 112 Holmes Avenue Vineland NJ 8361 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Eye Professionals Occupation physician	Date (month, day, year) 08/17/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code David Stuart Boyer, MD 13715 Magnolia Avenue Sherman Oaks CA 91423 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retina Vitreous Assoc. Medical Group Occupation physician	Date (month, day, year) 08/20/1999	Amount of Each Receipt this Period 200.00

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BROWN 2000

Full Name, Mailing Address, and ZIP Code Thomas Manzo, MD 1329 E. High Street Pottstown PA 19454 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Thomas L. Manzo, M.D., PC Occupation physician Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/20/1999	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code F. Jane Barton, MD 400 N. 25th Street Camp Hill PA 17011 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Premier Eye Care Group Occupation physician Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/24/1999	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Robert Reinecke, MD 318 South 2nd Street Philadelphia PA 19106 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Robert D. Reinecke, MD Occupation physician Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 08/24/1999	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Lawrence Halperin, MD 5882 N.W. 34th Way Boca Raton FL 33408 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retina Vitreous Consultants Occupation physician Aggregate Year-to-Date > \$ 125.00	Date (month, day, year) 08/25/1999	Amount of Each Receipt this Period 125.00
Full Name, Mailing Address, and ZIP Code Kathryn Peroudka Szarka, MD 2512 Sheppard Road Manheim PA 17545 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Andrews and Patel Assoc. Occupation physician Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/25/1999	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Thomas Armstrong, MD 331 N. York Road Hatboro PA 19040 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Thomas Armstrong, MD Occupation physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/27/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Alfred Ginkel, MD 15 Huxley Way Fairport NY 14450 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer retired Occupation retired Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/27/1999	Amount of Each Receipt this Period 500.00

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NAME OF COMMITTEE (in Full)
BROWN 2000

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Katherine Meisch 704 Bagley Road Rushville NY 14544	retired chemistry teacher	08/27/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Neal Altabara, MD 2672 Parma Road Honolulu HI 96822	Neal H. Altabara, MD	08/30/1999	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	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Patricia Beeds 8 South Meadow Ridge Concord MA 1742	Homemaker	08/30/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Paul Bradley 20 Bradley Way Lake George NY 12845	requested	08/30/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Donald Cullen 8505 Emilia Lane E Syracuse NY 13057	The Young Agency	08/30/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation vicepresident	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Dagan, MD 80 Watson's Way Medford NJ 8055	Eye Physicians of Southern NJ	08/30/1999	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marc Goldberg, MD 1000 Riverton Rd. Cinnaminson NJ 8077	Rancocas Valley Anesthesia Assoc	08/30/1999	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	

SUBTOTALS of Receipts This Page (Optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
BROWN 2000

<p>Full Name, Mailing Address, and ZIP Code Jonathan Grohman, MD 217 Barker Road Wynocote PA 19095</p>	<p>Name of Employer Jonathan M. Grohman, MD, PHD</p>	<p>Date (month, day, year) 08/30/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation physician</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>	
<p>Full Name, Mailing Address, and ZIP Code Mr. Leo Mariant 1609 Jackson Street Whithall PA 18052</p>	<p>Name of Employer Telecordia</p>	<p>Date (month, day, year) 08/30/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation consultant</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>	
<p>Full Name, Mailing Address, and ZIP Code Mr. Roy Moore, III 4751 Limberlost Lane Manfus NY 13104</p>	<p>Name of Employer The Young Agency</p>	<p>Date (month, day, year) 08/30/1999</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation insurance agent</p>	<p>Aggregate Year-to-Date > \$ 1000.00</p>	
<p>Full Name, Mailing Address, and ZIP Code Louis Nichamin, MD 103 Jefferson Street Brookville PA 15825</p>	<p>Name of Employer Louis Nichamin, Md</p>	<p>Date (month, day, year) 08/30/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation physician</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>	
<p>Full Name, Mailing Address, and ZIP Code George Taggart, MD 1249 E. Broad Street Hazelton PA 18201</p>	<p>Name of Employer George Taggart, MD</p>	<p>Date (month, day, year) 08/30/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation physician</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>	
<p>Full Name, Mailing Address, and ZIP Code Joseph Walker, MD 1205 Lynwood Avenue Fort Myers FL 33901</p>	<p>Name of Employer Retina Consultants</p>	<p>Date (month, day, year) 08/30/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation physician</p>	<p>Aggregate Year-to-Date > \$ 500.00</p>	
<p>Full Name, Mailing Address, and ZIP Code George Williams, MD 1009 Three Mile Drive Grosse Pointe Park MI 48230</p>	<p>Name of Employer Associated Retinal Consultants, PC</p>	<p>Date (month, day, year) 08/30/1999</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation physician</p>	<p>Aggregate Year-to-Date > \$ 1000.00</p>	

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NAME OF COMMITTEE (In Full)
BROWN 2000

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mr. Robert Young Bridgewater Place 500 Plum Street Syracuse NY 13204	The Young Agency Occupation insurance agent	08/30/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Dr. Bruce Barryhill, MD 2111 Coniston Place Charlotte NC 28207	 Occupation physician	08/31/1999	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Mr. George Schunk 500 Plum Street Syracuse NY 13204	The Young Agency Occupation insurance	08/31/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Geoffrey Broecker, MD 375 Breakwater Ridge Atlanta GA 30326	Emory University School of Medicine Occupation Academic physician	09/01/1998	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Ana Cordino, MD 751 Westfield Road Moorestown NJ 8057	Rancocas Valley Anesthesia Assoc Occupation physician	09/01/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Edward Gerner, MD 17 Lanfair Circle Ardmore PA 19003	Edward Gerner, MD Occupation physician	09/01/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Ms. Kathie Keller 152 Huxley Drive Snyder NY 14228	Keller Technology Corporation Occupation business owner	09/01/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
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NAME OF COMMITTEE (in Full)
BROWN 2000

Full Name, Mailing Address, and ZIP Code J. Harris Levy, MD 109 NW, 170 Street Suite 301 North Miami Beach FL 33159	Name of Employer Joy Harris Levy, MD	Date (month, day, year) 09/01/1999	Amount of Each Receipt this Period 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	
Full Name, Mailing Address, and ZIP Code Mr. John Palino One Liberty Place 32nd Floor Philadelphia PA 19103	Name of Employer Palino and Lentz, PC	Date (month, day, year) 09/01/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation attorney	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Richard Wong, MD 18 Marlon Drive West Windsor NJ 08550	Name of Employer Fallon, Wong, Wong, Reynolds	Date (month, day, year) 09/01/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code Mr. Willard Boothby 600 East Crevers Lane Wyndmoor PA 19038	Name of Employer retired	Date (month, day, year) 09/02/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Edward Jaeger, MD 240 E Rose Tree Road Media PA 19063	Name of Employer Riddle Eye Associates	Date (month, day, year) 09/02/1999	Amount of Each Receipt this Period 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	
Full Name, Mailing Address, and ZIP Code Melanie Martin, MD 8200 Flourtown Ave Suite 15 Wyndmoor PA 19118	Name of Employer Melanie C. Martin, MD	Date (month, day, year) 09/02/1999	Amount of Each Receipt this Period 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	
Full Name, Mailing Address, and ZIP Code Harvey Raiser, MD 845 Lantern Hill Road Snaverstown PA 18708	Name of Employer Harvey J. Hesser, MD	Date (month, day, year) 09/02/1999	Amount of Each Receipt this Period 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	

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NAME OF COMMITTEE (in Full):
BROWN 2000

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Ernest Acquisto 6920 Munson Place Falls Church VA 22041	retired	09/07/1999	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
Mrs. Barbara Gladstone 1509 North Fiedler Road Ambler PA 19002	homemaker	09/07/1999	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
Mark Keisler, MD 710 Woodcock Court Columbia SC 29212	Mark Keisler, MD	09/07/1999	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician	Aggregate Year-to-Date > \$ 1000.00	
Robert Bailey, MD 1344 Beaumont Drive Gladwyne PA 19035	Thorp, Bailey Assoc.	09/08/1999	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician	Aggregate Year-to-Date > \$ 1000.00	
Moiz Carim, MD 1801 Museum Road Wyomissing PA 19610	Moiz Carim, MD	09/08/1999	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	
Mr. George Hall 403 Standish Drive Devitt NJ 13224	The Young Agency	09/08/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Vice President	Aggregate Year-to-Date > \$ 250.00	
Mrs. Cathy Harris 738 Wyndale Road Jenkintown PA 19046	requested	09/08/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

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Full Name, Mailing Address, and ZIP Code Dennis Khoury, MD 880 Dreshertown Road Fort Washington PA 19004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Eye Surgical and Medical Assoc. Occupation physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/08/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Mr. Devendra Peor 2300 Deerpath Road Huntingdon Valley PA 19006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer requested Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/08/1999	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Mark Plasio, MD 705 Treasure Lake Dubois PA 15801 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mark Plasio, MD Occupation physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/08/1999	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Christopher Papuano, MD 700 Clarendon Road Penn Valley PA 19072 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Corneal Associates, PC Occupation physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/01/1999	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code T. Ramsey Thorp, MD 7901 Pine Road Wyndmoor PA 19038 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Thorp and Bailey Eys Assoc. Occupation physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/08/1999	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Dr. George Sisson, MD 10 Robin Hood Ranch Oak Brook IL 60523 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Northwestern Medical Faculty Foundation Occupation physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/09/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code James Byrne, MD 985 Rushkoff Drive Bath PA 18014 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Carbon Oral Surgery Occupation physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/13/1999	Amount of Each Receipt this Period 250.00

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NAME OF COMMITTEE (in Full)
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Full Name, Mailing Address, and ZIP Code Patrick Flaherty, MD 11870 Rosemont Drive Fort Myers FL 33913	Name of Employer Eye Center of Florida Occupation physician	Date (month, day, year) 09/13/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Judith Melick, MD 280 Ridings Way Ambler PA 19002	Name of Employer Judith E. Melick, MD Occupation physician	Date (month, day, year) 09/13/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Raymond Rodriguez, MD 51 Newtown Street Philadelphia PA 19118	Name of Employer Chestnut Hill Cardiology Ltd Occupation physician	Date (month, day, year) 09/13/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Joseph Brennan Walsh, MD 230 E. 15th Street New York NY 10003	Name of Employer Joseph Brennan Walsh, MD Occupation physician	Date (month, day, year) 09/15/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Samuel Farmer, MD 2450 12th Street SE Salem OR 97302	Name of Employer Retina Consultants, LLP Occupation physician	Date (month, day, year) 09/20/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code William Lander, MD 201 Droughton Lane Villanova PA 19085	Name of Employer William Lander, MD Occupation physician	Date (month, day, year) 09/21/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Nibondh Vacharat, MD 6 Latham Park Melrose PA 19027	Name of Employer Nibondh Vacharat, MD Occupation physician	Date (month, day, year) 09/21/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

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**NAME OF COMMITTEE (in Full)
BROWN 2000**

<p>Full Name, Mailing Address, and ZIP Code S. Fleetwood Maddox Jr., MD Wayside Farm RT 1 Box 295 Gray GA 31032</p>	<p>Name of Employer S. Fleetwood Maddox Jr., MD</p>	<p>Date (month, day, year) 09/22/1999</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation physician</p>	<p>Aggregate Year-to-Date > \$ 200.00</p>	
<p>Full Name, Mailing Address, and ZIP Code Dion Ehrlich, MD 8221 Cedar Rd Elkins Park PA 19027</p>	<p>Name of Employer Dion Ehrlich, MD., L10</p>	<p>Date (month, day, year) 09/23/1999</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation physician</p>	<p>Aggregate Year-to-Date > \$ 1000.00</p>	
<p>Full Name, Mailing Address, and ZIP Code Mr. Kevin Morgan 826 Spring Mill Road Villanova PA 19085</p>	<p>Name of Employer Sports Challenge</p>	<p>Date (month, day, year) 09/23/1999</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation President</p>	<p>Aggregate Year-to-Date > \$ 1000.00</p>	
<p>Full Name, Mailing Address, and ZIP Code Maurice Rabb, MD 161 East Chicago Ave 34 A Chicago IL 60611</p>	<p>Name of Employer Maurice F. Rabb, MD</p>	<p>Date (month, day, year) 09/23/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation physician</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>	
<p>Full Name, Mailing Address, and ZIP Code Mr. Eugene Lowenstein 220 South 18th Street Apt. PH-R Philadelphia PA 19103</p>	<p>Name of Employer retired</p>	<p>Date (month, day, year) 09/28/1999</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date > \$ 1000.00</p>	
<p>Full Name, Mailing Address, and ZIP Code Lgula Schwartz, MD 413 Newbark Road Jenkintown PA 19046</p>	<p>Name of Employer Ophthalmic Associates</p>	<p>Date (month, day, year) 09/29/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation physician</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>	
<p>Full Name, Mailing Address, and ZIP Code Mrs. Constance Fitzgerald 709 S.W. 27th Street Gainesville FL 32607</p>	<p>Name of Employer retired</p>	<p>Date (month, day, year) 10/04/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>	

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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Holton, MD 503 Stonybrook Drive Norristown PA 19403	Executive Director Occupation MC Medical Society	10/08/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Mr B. Herbert Lee PO Box 588 Bryn Mawr PA 19010	requested Occupation	10/08/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Joseph Parisi, MD 84 Brookwood Drive Clemson SC 29631	Clemson Ophthalmology Occupation physician	10/13/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Lana Raskauskas 215 Coochatches Blvd. Naples FL 33942	homemaker Occupation	10/13/1999	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Charles Mango, MD 1101 Erie Blvd. Syracuse NY 13210	Retina Vitreous Occupation physician	10/20/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Mrs Leone Schoenberg 1400 Waverly Rd Villa 52 Gladwyne PA 19035	retired Occupation	10/28/1999	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
Garry Thomas, MD 2705 Dekalb Pike Suite Norristown PA 19401	Garry J. Thomas, MD Occupation physician	10/28/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

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Full Name, Mailing Address, and ZIP Code Penny Asball, MD 303 E 83 St 2903 New York NY 10028	Name of Employer Mount Sinai Medical Center	Date (month, day, year) 11/01/1999	Amount of Each Receipt this Period 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	
Full Name, Mailing Address, and ZIP Code Weldon Havins, MD 2567 Palmera Circle Las Vegas NV 89121	Name of Employer Weldon E. Havins, MD	Date (month, day, year) 11/01/1999	Amount of Each Receipt this Period 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	
Full Name, Mailing Address, and ZIP Code Mrs Patricia Hecker 26 Black Creek Ln. St. Louis MO 63124	Name of Employer Community Volunteer	Date (month, day, year) 11/01/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code John Hoepner, MD 612 University Avenue Syracuse NY 13210	Name of Employer Syracuse Eye Center	Date (month, day, year) 11/01/1999	Amount of Each Receipt this Period 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	
Full Name, Mailing Address, and ZIP Code Mrs. Judith Hoepner 612 University Avenue Syracuse NY 13210	Name of Employer housewife	Date (month, day, year) 11/01/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Randolph Johnston, MD 520 Saddle Dr. Cheyenne WY 82009	Name of Employer Cheyenne Eye Clinic	Date (month, day, year) 11/01/1999	Amount of Each Receipt this Period 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	
Full Name, Mailing Address, and ZIP Code Carol Lee, MD 1175 York Ave Apt 12F New York NY 10021	Name of Employer Carol M. Lee, MD	Date (month, day, year) 11/01/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation self	Aggregate Year-to-Date > \$ 500.00	

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NAME OF COMMITTEE (In Full)
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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Katherine Merk 1070 Warham St F-19 Lexington MA 2421	Housewife	11/01/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
Ms. Victoria Toensing 5807 Hillburne Way Chevy Chase MD 20815	DeCenova and Toensing	11/01/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
Mr. Charles Witmer One Beekman Place 2B New York NY 10022	Mr. Charles Witmer	11/01/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Money Manager	Aggregate Year-to-Date > \$ 500.00	
Ms. Polly Benson Brown 616 Seventeenth St. Santa Monica CA 90402	retired	11/01/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
Ms. Marilyn Brewer 18952 Mac Arthur Blvd. No. 220 Irvine CA 92715	State of California	11/08/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Assemblywoman	Aggregate Year-to-Date > \$ 250.00	
Ms. Lucille Evans Hahn 3333 Ivy Ln. Minneapolis MN 55416-4817	State of MN Office of Gov.	11/08/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired	Aggregate Year-to-Date > \$ 500.00	
Ms. Sylvia Jean Hurd P.O. Box 1336 Pebble Beach CA 93953	none	11/08/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor Philanthropist	Aggregate Year-to-Date > \$ 500.00	

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NAME OF COMMITTEE (in Full)
BROWN 2000

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mrs. Ann Nickoll 539 S. Mapleton Drive Los Angeles CA 90024	none	11/08/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired	Aggregate Year-to-Date > \$ 500.00	
Ms. Almeda Riley 14 Longwood Dr. Saratoga Springs NY 12866	none	11/08/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired	Aggregate Year-to-Date > \$ 250.00	
Mr. Edwin Seipp 49 Tuscaloosa Ave. Atherton CA 94027-4014	none	11/08/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired	Aggregate Year-to-Date > \$ 250.00	
Marc Goldberg, MD 1000 Riverton Rd. Cinnaminson NJ 8077	Rancocas Valley Anesthesia Assoc	11/09/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician	Aggregate Year-to-Date > \$ 750.00	
James Shreck, MD 1307 S Willow North Platte NE 69101	James N. Shreck, MD	11/09/1999	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	
Mrs. Sally M Cross 38 Dusty Miller Road Falmouth MA 2540	retired	11/15/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
Ms. Karen H. Rays 3205 N Street N.W. Washington DC 20007	The Wish List	11/15/1999	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director	Aggregate Year-to-Date > \$ 1000.00	

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NAME OF COMMITTEE (in Full)
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<p>Full Name, Mailing Address, and ZIP Code David Pao, MD 7 Woodland Road Newtown PA 18940</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer David S. Pao, MD</p> <p>Occupation physician</p> <p>Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 11/16/1999</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>Full Name, Mailing Address, and ZIP Code Anthony Caputo, MD 556 Eagle Rock Avenue Roselana NJ 7058</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Childrens Eye Care Ctr of NJ</p> <p>Occupation physician</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 11/22/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code William Decker, MD 7710 Beachnut Suite 100 Houston TX 77074</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Texas Eye Institute</p> <p>Occupation physician</p> <p>Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 11/22/1999</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>Full Name, Mailing Address, and ZIP Code Ms Anna Hale Johnson 10600 Red Barn Lane Potomac MD 20854-1953</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Volunteer</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 11/22/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name, Mailing Address, and ZIP Code Mrs. Susan Mark 625 Park Avenue Apt. 7A New York NY 10021-8545</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Mark Asset Mgmt. Corp</p> <p>Occupation executive</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 11/22/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code Robert Shindler, MD 1714 Olivewood Way Camp Hill PA 17011</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Robert L. Shindler, MD</p> <p>Occupation physician</p> <p>Aggregate Year-to-Date > \$ 750.00</p>	<p>Date (month, day, year) 11/22/1999</p>	<p>Amount of Each Receipt this Period 750.00</p>
<p>Full Name, Mailing Address, and ZIP Code Sydney Tyson, MD 8 Windy Acres Drive Sewell NJ 8090</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sydney Tyson, MD</p> <p>Occupation physician</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 11/22/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>

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NAME OF COMMITTEE (In Full)
BROWN 2000

Full Name, Mailing Address, and ZIP Code George Waring, MD 875 Johnson Ferry Road Atlanta GA 30342	Name of Employer Emory Vision Correction Ctr Occupation physician	Date (month, day, year) 11/22/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Scott Friedman, MD 3135 Grasslands Drive Lakeland FL 33903	Name of Employer Vitreous and Retina Consultants Occupation physician	Date (month, day, year) 11/23/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Scott Zeigen, MD 136 Almehouse Road Suite 202 Richboro PA 18954	Name of Employer Occupation physician	Date (month, day, year) 11/23/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Ms. Candace Stralght 518 E. Passaic Avenue Bloomfield NJ 07003-5315	Name of Employer self Occupation Investor	Date (month, day, year) 11/24/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Anne Clark, MD 6565 Chester E Drive Indianapolis IN 46220	Name of Employer Anne Clark, MD Occupation physician	Date (month, day, year) 11/29/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Mr. Eugene Coughlin 2307 Cokes Blvd. East Norriton PA 19401	Name of Employer LMC Plasticsource Occupation President	Date (month, day, year) 11/29/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Cynthia Parlato, MD 35 Oakwood Drive New Hartford NY 13413	Name of Employer Cynthia J. Parlato, MD Occupation physician	Date (month, day, year) 11/29/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

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NAME OF COMMITTEE (in Full)
BROWN 2000

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Albert Strunk, MD 33 Barnstable Road Marlton NJ 7940 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The American College of OB/GYNs Occupation: physician Aggregate Year-to-Date > \$ 250.00	11/29/1999	250.00
Hunter Stokes, MD 2424 Parkland Drive Florence SC 29501 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: retired Occupation: Aggregate Year-to-Date > \$ 250.00	12/06/1999	250.00
Philip McKinley, MD 2800 Forest Drive Winston-Salem NC 27104 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Philip H. McKinley, MD Occupation: physician Aggregate Year-to-Date > \$ 500.00	12/13/1998	500.00
Steven Ellis, MD 8100 Penn Hill Road Elkins Park PA 19117 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: physician Aggregate Year-to-Date > \$ 250.00	12/14/1999	250.00
Dr. Thomas Harrison, MD 4807 Knights Way Anchorage AK 00508 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: self Occupation: physician Aggregate Year-to-Date > \$ 250.00	12/18/1999	250.00
Maurice Rabb, MD 161 East Chicago Ave 34 A Chicago IL 60611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Maurice F. Rabb, MD Occupation: physician Aggregate Year-to-Date > \$ 350.00	12/15/1999	100.00
Dr. Arun Singh, MD 121 Old Gulph Road Gladwyne PA 19035 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Jerry Smocks, MD Occupation: physician Aggregate Year-to-Date > \$ 250.00	12/18/1999	250.00
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NAME OF COMMITTEE (in Full)
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Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Uday Desai, MD 2334 Fernwood Drive Bloomfield MI 48302	Henry Ford Health System Occupation: physician	12/20/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Richard Lindstrom, MD 710 East 24th Street Suite 105 Minneapolis MN 55404	MN Eye Consultants, PA Occupation: physician	12/20/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Richard Mackool, MD 21 Corrigan Lane Greenwich CT 06831	Richard Mackool, MD Occupation: physician	12/20/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Mrs. Julie Starr-Duker 315 Waverley Avenue Newton PA 17458	N.C. Medical Center Occupation: physician	12/20/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Hoa Tran, MD 108 Trei's Trail Yorktown VA 23693	US Air Force Occupation: physician	12/20/1999	750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		
Cordelia Uddoh, MD 7721 Morgan Lane Laverock PA 19038	Comprehensive Ophthalmology Associates Occupation: physician	12/20/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Dr. Gilbert Cleasby, MD 7400 Clay Street San Francisco CA 94115	self Occupation: physician	12/21/1999	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		

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NAME OF COMMITTEE (in Full)
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<p>Full Name, Mailing Address, and ZIP Code Dr. Richard Malster, MD 9000 Vista De Lago Granite Bay CA 95740</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer self</p> <p>Occupation physician</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12/21/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code S. Fleetwood Maddox Jr., MD Wayside Farm RT 1 Box 295 Gray GA 31032</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer S. Fleetwood Maddox Jr., MD</p> <p>Occupation physician</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 12/22/1999</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>Full Name, Mailing Address, and ZIP Code Dr. Janine Matsko, MD 250 Philip Place Philadelphia PA 19106</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer self</p> <p>Occupation physician</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12/22/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code Dr. S. Gregory Smith, MD 1100 Grant Street Wilmington DE 19736</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer self</p> <p>Occupation physician</p> <p>Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 12/22/1999</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>Full Name, Mailing Address, and ZIP Code Dr. William Fishkind, MD 4750 North Camino Court Tucson AZ 85218</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer self</p> <p>Occupation physician</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 12/23/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name, Mailing Address, and ZIP Code Dr. James Limbert, MD 5320 East Main Street Columbus OH 43213</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer self</p> <p>Occupation physician</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 12/23/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code Brandon Busbee, MD 2945 Berekeley Rd. Ardmore PA 19003</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Will Eye Hospital</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date > \$ 2000.00</p>	<p>Date (month, day, year) 12/24/1999</p>	<p>Amount of Each Receipt this Period 1000.00</p>

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NAME OF COMMITTEE (in Full)
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Full Name, Mailing Address, and ZIP Code Dr. John Welch, MD 1102 West 12th Hastings NC 88901 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation physician Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 12/25/1998	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Dr. Graer Geigar, MD 513 Brookwood Blvd. Suite 502 Birmingham AL 35209 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/26/1998	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code David Stuart Boyer, MD 13715 Magnolia Avenue Sherman Oaks CA 91423 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retina Vitreous Assoc. Medical Group Occupation physician Aggregate Year-to-Date > \$ 450.00	Date (month, day, year) 12/29/1998	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Lawrence Halperin, MD 5682 N.W. 34th Way Boca Raton FL 33496 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retina Vitreous Consultants Occupation physician Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 12/29/1998	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Dr. William Marks, MD 3452 Laurel Green Court Kennesaw GA 30144 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Marietta Eye Care Occupation physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/29/1998	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Robert Reinecke, MD 318 South 2nd Street Philadelphia PA 19106 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Robert D. Reinecke, MD Occupation physician Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 12/29/1998	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Mason Avrigian, Esq. 150 Mackieburg Drive Penlyrn PA 19422 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Whisler, Pearlstein, Tallone, Craig, Garity, and Polish, L. Occupation lawyer Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/30/1998	Amount of Each Receipt this Period 500.00

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NAME OF COMMITTEE (In Full)
BROWN 2000

Full Name, Mailing Address, and ZIP Code Dr. Mary Louise Collins, MD 5713 St. Albans Way Baltimore MD 21212	Name of Employer Greater Baltimore Medical Center	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 500.00
	Occupation physician		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Dr. Bob Compton, MD 210 Wells Avenue P.O. Box 389 Greenwood SC 29648	Name of Employer self	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 500.00
	Occupation physician		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Dr. Monica Monica, MD 143 Robert Lane New Orleans LA 70124	Name of Employer self	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 1000.00
	Occupation physician		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Dr. Susan Hughes, MD 602 S. Washington Square Apt. 2402 Philadelphia PA 19108	Name of Employer Susan M. Hughes, MD, FACS	Date (month, day, year) 12/31/1999	Amount of Each Receipt this Period 700.00
	Occupation physician		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 700.00		

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82575.00

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NAME OF COMMITTEE (in Full)
BROWN 2000

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Two Eleven PAC The Widener Building One South Penn Square Philadelphia PA 19107		07/23/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	250.00	
Full Name, Mailing Address, and ZIP Code PaMPAC P.O. Box 8020 Harrisburg PA 17105-882		10/20/1999	2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	2500.00	
Full Name, Mailing Address, and ZIP Code OPHTRAC 1101 Vermont Avenue NW Suite 700 Washington DC 20005-3570		11/22/1999	5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	5000.00	
Full Name, Mailing Address, and ZIP Code Women's Campaign Fund 734 15th Street NW Suite 500 Washington DC 20005		12/17/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	500.00	
Full Name, Mailing Address, and ZIP Code The Wish List 3205 N Street NW Washington DC 20007		12/20/1999	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	1000.00	
Full Name, Mailing Address, and ZIP Code EyePAC -- 4000 Legato Road Suite 850 Fairfax VA 22033		12/21/1999	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	1000.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

10250.00

SCHEDULE A

ITEMIZED RECEIPTS

CANDIDATE LOAN

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
BROWN 2000

Full Name, Mailing Address, and ZIP Code

Melissa Brown, MD
6010 Mill Road

Powertown PA 19031

Name of Employer

self

Date (month, day, year)

12/30/1999

Amount of Each Receipt this Period

170000.00

Occupation

physician

Receipt For:

Primary

General

Other (specify):

Aggregate Year-to-Date > \$ 170000.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

170000.00

SCHEDULE A

ITEMIZED RECEIPTS

INTEREST INCOME

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

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FOR LINE NUMBER
15

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NAME OF COMMITTEE (In Full)
BROWN 2000

Full Name, Mailing Address, and ZIP Code

PNC Bank
Bethlehem Pike
Flourtown PA 19031

Name of Employer

Occupation

Date (month, day, year)
12/30/1999

Amount of Each Receipt this Period
477.93
Interest

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 477.93

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

477.93

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER
17

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NAME OF COMMITTEE (in Full)
BROWN 2000

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ashers Chocolates 60 Wombold Road Souderton PA 18964	candy Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/28/1999	247.50
Bell Atlantic PO Box 1915 Beltsville MD 20704-1915	phone bill Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/02/1999	406.61
Bell Atlantic PO Box 1915 Beltsville MD 20704-1915	phone bill Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/07/1999	103.28
Bell Atlantic PO Box 1915 Beltsville MD 20704-1915	phone bill Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/09/1999	91.02
Bell Atlantic PO Box 1915 Beltsville MD 20704-1915	phone bill Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/18/1999	104.34
Brabander Cox Mihalke PO Box 42366 Pittsburgh PA 15203	Consultant Fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/02/1999	3000.00
Brabander Cox Mihalke PO Box 42366 Pittsburgh PA 15203	Consultant Fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/07/1999	3000.00
Brabander Cox Mihalke PO Box 42366 Pittsburgh PA 15203	Consultant Fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/09/1999	3000.00
Brabander Cox Mihalke PO Box 42366 Pittsburgh PA 15203	Consultant Fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/18/1999	3000.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)
BROWN 2000

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brabender Cox Mihalke PO Box 42366 Pittsburgh PA 15203	Travel Expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/16/1999	790.06
Brabender Cox Mihalke PO Box 42366 Pittsburgh PA 15203	maller stickers letter postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/16/1999	6331.54
Flourtown Post Office 1870 Bethlehem Pike Flourtown PA 19031	postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/04/1999	132.00
Flourtown Post Office 1870 Bethlehem Pike Flourtown PA 19031	postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/16/1999	300.00
Flourtown Post Office 1870 Bethlehem Pike Flourtown PA 19031	PO Box fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/22/1999	57.00
Flourtown Post Office 1870 Bethlehem Pike Flourtown PA 19031	postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/01/1999	398.00
Flourtown Post Office 1870 Bethlehem Pike Flourtown PA 19031	postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/04/1999	165.00
Flourtown Post Office 1870 Bethlehem Pike Flourtown PA 19031	postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/16/1999	165.00
Flourtown Post Office 1870 Bethlehem Pike Flourtown PA 19031	postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/10/1999	485.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)
BROWN 2000

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Flourtown Post Office 1870 Bethlehem Pike Flourtown PA 19031	postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	12/30/1999	147.00
Flourtown Post Office 1870 Bethlehem Pike Flourtown PA 19031	postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	12/30/1999	572.00
Getz Printing Co. 1501 Bethlehem Pike Flourtown PA 19031	Stationary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/02/1999	1231.08
Getz Printing Co. 1501 Bethlehem Pike Flourtown PA 19031	Stationary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	11/09/1999	496.08
Getz Printing Co. 1501 Bethlehem Pike Flourtown PA 19031	2000 copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	11/11/1999	148.40
Getz Printing Co. 1501 Bethlehem Pike Flourtown PA 19031	Rally Invitations Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	12/16/1999	354.00
Getz Printing Co. 1501 Bethlehem Pike Flourtown PA 19031	1200 copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	12/16/1999	83.50
John McLaughlin and Associates 919 Prince Street Alexandria VA 22314	polling Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	07/10/1999	12500.00
Meredith's Restaurant 602 Skippack Pike Blue Bell PA 19422	food Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	12/21/1999	212.50

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER
17

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NAME OF COMMITTEE (In Full)
BROWN 2000

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Moto Photo 108 W Germantown Pike Norristown PA 19401	Xmas Cards Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/16/1999	383.17
Philadelphia Marriott 111 Crawford Avenue West Conshohocken PA 19428	Rally Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/16/1999	2288.00
Silversound 72 Markel Road Frazer PA 19355	DJ deposit Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/19/1999	95.00
Silversound 72 Markel Road Frazer PA 19355	DJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/29/1999	200.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

40555.10

SCHEDULE C
(Revised 3/80)

LOANS

Name of Committee (In Full) BROWN 2000			
A. Full Name, Mailing Address and ZIP Code of Loan Source Melissa Brown MO (#1) 6010 West Mill Road Flourtown, Pa. 19031	Original Amount of Loan 100,000.00	Cumulative Payment To Date	Balance Outstanding at Close of This Period 100,000.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred <u>6/30/99</u> Date Due <u>12/31/01</u> Interest Rate <u>4.44%</u> <input type="checkbox"/> 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 Brown MO (#2) 6010 West Mill Road Flourtown, Pa. 19031			
		Original Amount of Loan 170,000.00	Balance Outstanding at Close of This Period 170,000.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred <u>12/30/99</u> Date Due <u>12/31/01</u> Interest Rate <u>4.44%</u> <input type="checkbox"/> 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)			270,000.00
TOTALS This Period (last page in this line only)			270,000.00

Party's outstanding balance as of the end of the reporting period for this line, if on Schedule D, carry forward to appropriate line of Summary.

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 1/31/00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 RB PREPARER	 1/31/00 DATE PREPARED