

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER  
11A1

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

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

**SUBTOTALS** of Receipts This Page (Optional) .....

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