

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

The Marty Meehan for Congress Committee

ADDRESS (number and street) ▼

28 Johnson Road

Check if different than previously reported. (ACC)

Andover

MA

01810

2. **FEC IDENTIFICATION NUMBER** ▼

C C00270041

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

MA

05

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 Mary Anastopoulos

Signature of Treasurer Mary Anastopoulos

[Electronically Filed]

Date

/ /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

The Marty Meehan for Congress Committee

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 0.00 | 0.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 0.00 | 0.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 4473.00 | 5852.49 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 2000.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 4473.00 | 3852.49 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 4439474.05 | |
| 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)..... | 0.00 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

The Marty Meehan for Congress Committee

Report Covering the Period: From: / / To: / /

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 0.00 | 0.00 |
| (ii) Unitemized..... | 0.00 | 0.00 |
| (iii) TOTAL of contributions from individuals ▶ | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 0.00 | 0.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 2000.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 56827.79 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 0.00 | 58827.79 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 4473.00 | 5852.49 |
| 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 Lines 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 Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 26000.00 | 47100.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 30473.00 | 52952.49 |

III. CASH SUMMARY

| | |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 4469947.05 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 0.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 4469947.05 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 30473.00 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 4439474.05 |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|--------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 OF 10 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
The Marty Meehan for Congress Committee

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. NGP Software | | Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015 |
| Mailing Address 1225 Eye St NW Ste 1225 | | Amount of Each Disbursement this Period 600.00 Transaction ID : D757941 |
| City Washington State DC Zip Code 20005-5918 | Purpose of Disbursement Software Rental Fee | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Internal Revenue Service | | Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015 |
| Mailing Address PO Box 371324 | | Amount of Each Disbursement this Period 3030.00 Transaction ID : D757923 |
| City Pittsburgh State PA Zip Code 15250-7324 | Purpose of Disbursement Tax:Fed | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Commonwealth of Massachusetts | | Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015 |
| Mailing Address PO Box 7065 | | Amount of Each Disbursement this Period 118.00 Transaction ID : D757935 |
| City Boston State MA Zip Code 02204-7065 | Purpose of Disbursement Estimated Tax | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3748.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 6 OF 10 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
The Marty Meehan for Congress Committee

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Commonwealth of Massachusetts | | Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015 |
| Mailing Address PO Box 7065 | | Amount of Each Disbursement this Period 725.00 Transaction ID : D757936 |
| City Boston State MA Zip Code 02204-7065 | Purpose of Disbursement Estimated Tax | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State Zip Code | |
| Purpose of Disbursement | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State Zip Code | |
| Purpose of Disbursement | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 725.00 |
| TOTAL This Period (last page this line number only)..... | 4473.00 |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|--------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 10 | | | |
| | <input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
The Marty Meehan for Congress Committee

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Middlesex Community College Foundation | | Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2015 |
| Mailing Address 33 Kearney Sq | | Amount of Each Disbursement this Period 500.00 Transaction ID : D757930 |
| City Lowell | State MA | |
| Zip Code 01852-1901 | Purpose of Disbursement Donation | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. AmeriPAC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015 |
| Mailing Address 700 13th Street, NW Suite 600 | | Amount of Each Disbursement this Period 5000.00 Transaction ID : D757940 |
| City Washington | State DC | |
| Zip Code 20005 | Purpose of Disbursement Donation | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Immaculate Conception Church | | Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2015 |
| Mailing Address 3 Fayette St | | Amount of Each Disbursement this Period 500.00 Transaction ID : D757931 |
| City Lowell | State MA | |
| Zip Code 01852-1211 | Purpose of Disbursement Donation | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 10 |
| | <input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
The Marty Meehan for Congress Committee

A. Immaculate Conception Church

Full Name (Last, First, Middle Initial)
Mailing Address 3 Fayette St

City Lowell State MA Zip Code 01852-1211

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 03 / 04 / 2015

Amount of Each Disbursement this Period: 500.00

Transaction ID : D757932

B. Catholic Memorial School

Full Name (Last, First, Middle Initial)
Mailing Address 235 Baker Street

City West Roxbury State MA Zip Code 02132-4395

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 01 / 30 / 2015

Amount of Each Disbursement this Period: 1000.00

Transaction ID : D757942

C. Joe Kennedy for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 1254 Chestnut Street

City Newton Upper Falls State MA Zip Code 02464

Purpose of Disbursement Donation

Candidate Name
Joseph Kennedy III

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: MA District: 04

Date of Disbursement: 02 / 24 / 2015

Amount of Each Disbursement this Period: 1000.00

Transaction ID : D757933

SUBTOTAL of Disbursements This Page (optional) 2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 10 |
| | <input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
The Marty Meehan for Congress Committee

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Westford Education Foundation | | Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2015 |
| Mailing Address P.O. Box 535 | | Amount of Each Disbursement this Period 2000.00 Transaction ID : D757934 |
| City Westford | State MA | |
| Zip Code 01886 | Purpose of Disbursement Donation | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Lawrence General Hospital | | Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2015 |
| Mailing Address 1 General St | | Amount of Each Disbursement this Period 5000.00 Transaction ID : D757926 |
| City Lawrence | State MA | |
| Zip Code 01841-2961 | Purpose of Disbursement Donation | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Hoyer for Congress | | Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015 |
| Mailing Address 4201 Northview Drive Suite 307 | | Amount of Each Disbursement this Period 2000.00 Transaction ID : D757937 |
| City Bowie | State MD | |
| Zip Code 20716 | Purpose of Disbursement Donation | Category/ Type |
| Candidate Name Steny Hoyer | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: MD District: 05 | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 9000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 10 |
| | <input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
The Marty Meehan for Congress Committee

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. D'Youville Foundation | | Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015 |
| Mailing Address 981 Varnum Ave | | Amount of Each Disbursement this Period 4000.00 Transaction ID : D757928 |
| City Lowell | State MA Zip Code 01854-1913 | |
| Purpose of Disbursement Donation | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Hoyer for Congress | | Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015 |
| Mailing Address 4201 Northview Drive Suite 307 | | Amount of Each Disbursement this Period 2000.00 Transaction ID : D757938 |
| City Bowie | State MD Zip Code 20716 | |
| Purpose of Disbursement Donation | | Category/ Type |
| Candidate Name Steny Hoyer | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: MD District: 05 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Greater Lowell Music Theatre | | Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015 |
| Mailing Address 13 Pond Road | | Amount of Each Disbursement this Period 2500.00 Transaction ID : D757939 |
| City Derry | State NH Zip Code 03038 | |
| Purpose of Disbursement Donation | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 8500.00 |
| TOTAL This Period (last page this line number only)..... | 26000.00 |