

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

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

FOR LINE NUMBER: PAGE 47 / 75

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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

Full Name (Last, First, Middle Initial) <b>A. Mark Byrne Jr.</b>		Date of Receipt M / D / Y 09 / 04 / 2003
Mailing Address 7 Boylston Ln.		Transaction ID: 0905200348C3355
City Lowell	State MA	Zip Code 01852-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) <b>B. Stan Franzen</b>		Date of Receipt M / D / Y 09 / 04 / 2003
Mailing Address 34 Daniels Street		Transaction ID: 0905200348C3356
City Salem	State MA	Zip Code 01870-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) <b>C. James L. Ervin</b>		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 116 Queen St		Transaction ID: 0925200344C3381
City Alexandria	State VA	Zip Code 22314-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Martins Point Health Care	Occupation Executive	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ..... ▶ **600.00**

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