

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

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

FOR LINE NUMBER: PAGE 77 / 129

(check only one)

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

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)  
Boyd For Congress

Full Name (Last, First, Middle Initial) <b>A. Harry Sanders</b>		Date of Receipt M / D / Y 10 / 16 / 2003
Mailing Address P.O. Box 436		Transaction ID: 010520046C7577
City Panama City	State FL	Zip Code 32402-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Gerald L. Schiebler, MD</b>		Date of Receipt M / D / Y 10 / 08 / 2003
Mailing Address 408 Beachside Villas Amelia Island Plantation		Transaction ID: 010520046C7510
City Fernandina Beach	State FL	Zip Code 32034-6551
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 54.00
Name of Employer UF	Occupation Semi-retired physician	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 ▼ 254.00	

Full Name (Last, First, Middle Initial) <b>C. M. Nelson Scott</b>		Date of Receipt M / D / Y 10 / 16 / 2003
Mailing Address 131B Bayou Court		Transaction ID: 010520046C7538
City Panama City	State FL	Zip Code 32401-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Healthfile, Inc.	Occupation Medical Billing	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) .....	<b>804.00</b>
TOTAL This Period (last page this line number only) .....	