

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

OCT 15 2 01 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Markey for Congress Committee		2. FEC IDENTIFICATION NUMBER C00196774
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P. O. Box 526		
CITY, STATE and ZIP CODE Medford, MA 02155	STATE/DISTRICT MA/07	
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)

12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

30-Day Post-Election Report for the _____ (Type of Election) election on _____ in the State of _____

Termination Report

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

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>8/27/98</u> through <u>9/30/98</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	7,200.00	176,256.50
(b) Total Contribution Refunds (from Line 20(d))	1,000.00	1,750.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	6,200.00	174,506.50
7. Net Operating Expenditures	16,939.86	147,417.61
(a) Total Operating Expenditures (from Line 17)		1,000.00
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	16,939.86	146,417.61
8. Cash on Hand at Close of Reporting Period (from Line 27)	772,871.80	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	---	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	---	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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 Marie C. Carbone	Date 10/12/98
Signature of Treasurer <i>Marie C. Carbone</i>	

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) MARKEY FOR CONGRESS COMMITTEE	Report Covering the Period:	
	From:	To:
	8/27/98	9/30/98
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) -----	7,000.00	
(ii) Unitemized -----	200.00	
(iii) Total of contributions from individuals -----	7,200.00	175,256.50
(b) Political Party Committees -----	---	---
(c) Other Political Committees (such as PACs) -----	---	1,000.00
(d) The Candidate -----	---	---
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i)-(iv), (b), (c) and (d)) -----	7,200.00	176,256.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	---	---
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----	---	---
(b) All Other Loans -----	---	---
(c) TOTAL LOANS (add 13(a) and (b)) -----	---	---
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	---	1,000.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	3,819.23	20,503.66
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	11,019.23	197,760.16
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	16,939.86	147,417.61
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	---	---
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----	---	---
(b) Of All Other Loans -----	---	---
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----	---	---
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----	1,000.00	1,750.00
(b) Political Party Committees -----	---	---
(c) Other Political Committees (such as PACs) -----	---	---
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	1,000.00	1,750.00
21. OTHER DISBURSEMENTS -----	1,000.00	1,000.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	18,939.86	150,167.61
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 780,792.43	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 11,019.23	
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 791,811.66	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 18,939.86	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 772,871.80	

Contributions from Individuals/Persons Other than Political Committees

For Line Number: 11(a) (1)

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Name of Committee (in Full)		Markey for Congress				C00196774	
A. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)		Amount of Each Receipt this Period	
James F. Getz 3 Latourelle Lane Pittsburgh, PA 15215		Best efforts made. Information not provided.		9/10/98		\$500.00	
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/>		Occupation					
Other:		Aggregate YTD		500.00			
B. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)		Amount of Each Receipt this Period	
Robert H Graham 3710 Robinhood Houston, TX 77005		AIM Management Group Inc.		9/2/98		\$1,000.00	
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/>		Occupation					
Other:		President		Aggregate YTD		1,000.00	
C. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)		Amount of Each Receipt this Period	
Paul G Haega 1743 Fairmount Avenue LaCanada, CA 91011		executive vice president		9/24/98		\$1,000.00	
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/>		Occupation					
Other:		Capital Rec. & Mgmt.		Aggregate YTD		1,000.00	
D. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)		Amount of Each Receipt this Period	
Henry J. Herrmann 6300 Lamar Shawnee Mission, KS 66201		Waddel & Reed Financial, Inc.		9/24/98		\$1,000.00	
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/>		Occupation					
Other:		President		Aggregate YTD		1,000.00	
E. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)		Amount of Each Receipt this Period	
Charles C Hewitt 669 Shore Road Severna Park, MD 21106		S.B.C.A.		3/2/98		\$1,000.00	
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/>		Occupation					
Other:		executive		Aggregate YTD		1,000.00	
F. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)		Amount of Each Receipt this Period	
Glen R Johnson 4700 Ellsworth Avenue, #17 Pittsburgh, PA 15213		Federated Securities		9/10/98		\$500.00	
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/>		Occupation					
Other:		executive		Aggregate YTD		500.00	
SUBTOTAL of Receipts This Page (optional)						\$5,000.00	
TOTAL This Period (last page this line number only)						See Last Page	

Contributions from Individuals/Persons Other than Political Committees

For Line Number: 11 (a) (i)

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Name of Committee (in Full)		markey for Congress				C00196774
A. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period	
Harold Keohane 47 Hurd Road Belmont, MA 02178		self		9/8/98	\$500.00	
Receipt For:	Primary	X	General	Occupation attorney	Aggregate YTD	500.00
Other:						
B. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period	
Andrew R Paul 1013 Heather Hill Court McLean, VA 22101		SECA		9/2/98	\$1,000.00	
Receipt For:	Primary	X	General	Occupation executive	Aggregate YTD	1,000.00
Other:						
C. Full Name, Mailing Address and ZIP Code		Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period	
Robert C Pozen 61 Montvale Crescent Newton, MA 02459		FMR Corp.		9/30/98	\$500.00	
Receipt For:	Primary	X	General	Occupation president	Aggregate YTD	500.00
Other:						
SUBTOTAL of Receipts This Page (optional)					\$2,000.00	
TOTAL This Period (last page this line number only)					\$7,000.00	

Contributions from Individuals/Persons Other than Political Committees

For Line Number: 11(a)(ii)

Markey for Congress

*** CONFIDENTIAL ***

C00196774

Contributor Name	Address	Date	Contribution
Lynne M. Cannon	Ambler, PA 19002	09/24/98 G98	100.00
Marie B McCarthy	Arlington, MA 02474	09/08/98 G98	100.00
TOTAL This Period			\$ 200.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

MARKEY FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lexington Savings Bank P. O. Box 310 Lexington, MA 02173	interest	8/31/98	531.29
	Occupation	9/30/98	516.55
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code Medford Cooperative Bank 60 High Street Medford, MA 02155	interest	8/31/98	496.70
	Occupation	9/30/98	328.46
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code Medford Savings Bank 29 High Street Medford, MA 02155	interest	9/1/98	482.05
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code Winchester Cooperative Bank P. O. Box 758 Winchester, MA 01890	interest	8/29/98	429.04
	Occupation	9/30/98	473.42
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code Stoneham Cooperative Bank 359 Main Street Stoneham, MA 02180	interest	8/31/98	284.84
	Occupation	9/30/98	275.88
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3,819.23

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)
MARKEY FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Law Office of Gerard Doherty 50 Franklin Street Boston, MA 02110	office rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/28/98	900.00
B. Full Name, Mailing Address and ZIP Code American Express Suite 0001 Chicago, IL 60601	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/30/98	Amount of Each Disbursement This Period 3,337.17
C. Full Name, Mailing Address and ZIP Code USAirways	Purpose of Disbursement travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/10/98 6/17/98	Amount of Each Disbursement This Period 764.00 568.50 (memo entry)
D. Full Name, Mailing Address and ZIP Code U. S. Postal Service Main Post Office Building Boston, MA 02109	Purpose of Disbursement postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/19/98 6/30/98	Amount of Each Disbursement This Period 160.00 120.00 (memo entry)
E. Full Name, Mailing Address and ZIP Code Boston Harbor Hotel Boston, MA	Purpose of Disbursement catering Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/5/98	Amount of Each Disbursement This Period 1,000.00 (memo entry)
F. Full Name, Mailing Address and ZIP Code Omni Parker House 60 School Street Boston, MA 02109	Purpose of Disbursement catering Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/15/98	Amount of Each Disbursement This Period 686.13 (memo entry)
G. Full Name, Mailing Address and ZIP Code Mass Printing & Forms 42 High Street Medford, MA 02155	Purpose of Disbursement printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/30/98	Amount of Each Disbursement This Period 1,216.50
H. Full Name, Mailing Address and ZIP Code Federal Express Corp. P. O. Box 1140 Memphis, TN	Purpose of Disbursement delivery service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/30/98 9/28/98	Amount of Each Disbursement This Period 155.25 214.00
I. Full Name, Mailing Address and ZIP Code Bell Atlantic P. O. Box 646 Baltimore, MD	Purpose of Disbursement telephone service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/30/98 9/28/98	Amount of Each Disbursement This Period 58.92 87.97

SUBTOTAL of Disbursements This Page (optional)

5,969.81

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

MARKEY FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic Mobile 600 Unicorn Park Drive Woburn, MA 01801	telephone service	8/30/98	354.77
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/98	158.28
MCI Wireless P. O. Box 5211 New York, NY 10087	telephone service	8/30/98	238.70
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Bell Atlantic P. O. Box 1 Boston, MA 02207	telephone service	9/9/98	399.37
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
WIN Group 129 Portland Street Boston, MA 02114	computer service	8/30/98	50.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
DNC Travel Offset Account 430 So. Capitol St., S.E. Washington, DC 20003	reimbursement: travel expenses	9/10/98	1,017.50
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Fleet Bank 529 Main Street Charlestown, MA 02129	withholding taxes	9/10/98	1,809.60
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Mass. Dept. of Revenue P. O. Box 7022 Boston, MA 02204	withholding taxes	9/10/98	274.47
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Karen Colannino 5 Joseph Road Revere, MA 02151	salary	8/31/98	1,494.60
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Timothy Sweeney 29 Spruce Street Wakefield, MA 01880	salary	8/31/98	331.54
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/15/98	666.71
		9/30/98	666.71

SUBTOTAL of Disbursements This Page (optional)

7,452.35

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

MARKEY FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Daily Times Chronicle 1 Arrow Drive Woburn, MA 01801	advertisement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/98	290.00
B. Full Name, Mailing Address and ZIP Code Eco Software 145 Munroe Street Lynn, MA 01901	Purpose of Disbursement computer service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/28/98	Amount of Each Disbursement This Period 35.00
C. Full Name, Mailing Address and ZIP Code Marie Carbone 4602 Raleigh Ave., #201 Alexandria, VA 22304	Purpose of Disbursement part-time consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/20/98	Amount of Each Disbursement This Period 1,500.00
D. Full Name, Mailing Address and ZIP Code American Express Suite 0001 Chicago, IL 60601	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/26/98	Amount of Each Disbursement This Period 737.53
E. Full Name, Mailing Address and ZIP Code U. S. Postal Service Main Building Boston, MA 02109	Purpose of Disbursement postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/19/98	Amount of Each Disbursement This Period 446.00 (memo entry)
F. Full Name, Mailing Address and ZIP Code Bell Atlantic Mobile 600 Unicorn Park Drive Woburn, MA 01801	Purpose of Disbursement telephone service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/10/98	Amount of Each Disbursement This Period 157.49 (memo entry)
G. Full Name, Mailing Address and ZIP Code Unitemized	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period 945.17
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

3,507.70

TOTAL This Period (last page this line number only)

16,939.85

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **1** OF **1**

FOR LINE NUMBER
20(a)

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NAME OF COMMITTEE (in Full)

MARKEY FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
M. J. Meehan & Co., LLC 39 Broadway New York, NY 10006	refund of excess contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/15/98	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

MARKEY FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
George Bachrach for Congress 260 Elm Street Somerville, MA 02144	contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/28/98	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,000.00

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 <i>10-15-98</i>
<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	
<i>[Signature]</i> PREPARER	<i>10-15-98</i> DATE PREPARED