

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

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

FOR LINE NUMBER: PAGE 40 / 189

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boyd for Congress

Full Name (Last, First, Middle Initial) A. J. Michael Hall		Date of Receipt M / D / Y 09 / 10 / 2004
Mailing Address 900 28th Pl S		Transaction ID: C9827
City Arlington	State VA	Zip Code 22202-2412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Madison Associates, LLC	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Firas Hamdan		Date of Receipt M / D / Y 09 / 10 / 2004
Mailing Address 1224 N Peacock Ave		Transaction ID: C7688
City Perry	State FL	Zip Code 32347-2117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Hamdan Ear, Nose & Throat	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Tom Haney		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address 3334 Capital Medical Blvd STE 400		Transaction ID: C7082
City Tallahassee	State FL	Zip Code 32308-4470
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tallahassee Orthopedic Cl- Inc	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	