

Tide-water, Inc.
Political Action Committee

1440 Canal Street
New Orleans, Louisiana 70112
(504) 568-1010

MAY 20 12 02 PM '96

Lisa J. Stolaruk
Reports Analysis Division
Federal Election Committee
999 E. Street, N.W.
Washington, DC 20463


Identification Number: C00199471

Dear Ms. Stolaruk:

Related to the timely filing of the 1996 April quarterly (1/1/96-3/31/96) activity report, it has been completed and will be sent certified mail today, May 22, 1996.

The reason for being late with the filing is because of a recent merger our company went through on March 13, 1996 and the increase in work due to the merger was a priority item. As a result, the report became secondary.

Sincerely,



Michael J. Coscino
Treasurer

2 6 0 3 0 4 1 0 1 2



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

MS-L

MAY 17 1996

Michael A. Coscino, Treasurer
Tidwater, Inc. Political Action
Committee ("TIDEPAC")
1440 Canal Street, Ste. 2100
New Orleans, LA 70112

Identification Number: C00199471

Reference: 1995-1996 Election Cycle Reports

Dear Mr. Coscino:

It has come to the attention of the Federal Election Commission ("the Commission") that your committee may have violated 2 U.S.C. §434(a), by failing to timely file Reports of Receipts and Disbursements. The following is a list of the reports in question.

<u>Report Type</u>	<u>Due Date</u>	<u>Date Filed</u>
1995 Mid-Year (1/1/95-6/30/95)	7/31/95	8/15/95
1996 April Quarterly (1/1/96-3/31/96)	4/15/96	Not filed

Timely filing is a specific requirement of the Federal Election Campaign Act ("the Act") and is essential to fulfilling the public disclosure concept embodied in that law. The Commission views failure to timely file reports as a serious violation of the Act. This communication is to advise you that, notwithstanding any matters which may be pending before the Commission, any additional report which is not submitted in a timely manner by your committee may result in the Commission initiating legal enforcement or audit action.

You may submit a letter of explanation in response to this notification. If, however, you have any questions, please feel free to contact J.P. Andre' on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Lisa J. Stolaruk
Chief, Party/Non-Party Branch
Reports Analysis Division

Celebrating the Commission's 25th Anniversary

YESTERDAY, TODAY AND TOMORROW
DEDICATED TO KEEPING THE PUBLIC INFORMED

2025 RELEASE UNDER E.O. 14176

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) TIDEWATER INC POLITICAL ACTION COMMITTEE (TIDEPAC)	MAY 20 12 00 PM '96
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1440 CANAL STREET, suite 2100	2. FEC IDENTIFICATION NUMBER C00199471
CITY, STATE and ZIP CODE NEW ORLEANS, LA 70112	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) 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)
 Termination Report

- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/01/96</u> through <u>2/31/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 21,328.63
(b) Cash on Hand at Beginning of Reporting Period	\$ 21,328.63	
(c) Total Receipts (from Line 19)	\$ 3,912.42	\$ 3,912.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 25,241.05	\$ 25,241.05
7. Total Disbursements (from Line 30)	\$ 5,250.00	\$ 5,250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 19,991.05	\$ 19,991.05
9. Debts and Obligations Owed TO 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
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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 <u>Michael J. Coscino</u>	Date
Signature of Treasurer 	5/15/96

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

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FEC FORM 3X
(revised 8/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD
FROM 1/1/96 TO 3/31/96

		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)			11(a)(i)
ii.	Unitemized			11(a)(ii)
iii.	Total (add i and ii) >	3,912.42	3,912.42	11(a)(iii)
b.	Political Party Committees	3,912.42	3,912.42	11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a ii, b and c) >	3,912.42	3,912.42	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, interest, etc.)			17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,912.42	3,912.42	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	3,912.42	3,912.42	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share			21(a)(i)
ii.	Non-Federal Share			21(a)(ii)
b.	Other Federal Operating Expenditures			21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees			23
24.	Independent Expenditures (use Schedule E)	2,750.00	2,750.00	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements Non-Federal Candidates	2,500.00	2,500.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	5,250.00	5,250.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	5,250.00	5,250.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	3,912.42	3,912.42	32
33.	Total Contribution Refunds (from line 28d)			33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	3,912.42	3,912.42	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 36 from 35) >	=		37

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charley Abshire 1508 Sunset St. Lake Charles, La 70605	Tidewater Inc.	Twice Monthly P/R Ded	\$ 60.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Port Engineer	Aggregate Year-to-Date > \$ 60.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alvin Arcemont c/o Tidewater Inc. 1440 Canal St. New Orleans La 70112	Tidewater Inc.	Twice Monthly P/R Ded	\$ 60.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 60.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Duncan Allison c/o Tidewater Inc. 1440 Canal St. New Orleans, La 70112	Tidewater Inc.	Twice Monthly P/R Ded	\$ 50.00 (25.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 50.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Barthel 204 Oak Alley Houma, La 70363	Tidewater Inc.	Twice Monthly P/R Ded	\$ 60.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Manager	Aggregate Year-to-Date > \$ 60.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shirley Barzar 1525 Bernice St. Morgan City, La 70380	Tidewater Inc.	Twice Monthly P/R Ded	\$ 30.00 (5.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 30.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Bennett 5100 Toby Lane Kenner, La 70065	Tidewater Inc.	Twice Monthly P/R Ded	\$ 37.50 (6.25 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Comptroller	Aggregate Year-to-Date > \$ 37.50	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Bourgeois 308 Pelican Dr. Raceland La 70560	Tidewater Inc.	Twice Monthly P/R Ded	\$ 60.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Controller	Aggregate Year-to-Date > \$ 60.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Broussard 1120 Walnut Dr. Morgan City, La 70380	Tidewater Inc.	Twice Monthly P/R Ded	\$ 60.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 60.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nathaniel Broussard c/o Tidewater Inc. 1440 Canal St. New Orleans La 70112	Tidewater Inc.	Twice Monthly P/R Ded	\$ 30.00 (5.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 30.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Carline 409 Wayne St. New Iberia La 70560	Tidewater Inc.	Twice Monthly P/R Ded	\$ 50.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mnt. Manager	Aggregate Year-to-Date > \$ 50.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lloyd Charpentier 305 Snead St. Berwick La 70342	Tidewater Inc.	Twice Monthly P/R Ded	\$ 60.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 60.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Collins c/o Tidewater Inc. Harvey La	Tidewater Inc.	Twice Monthly	\$ [5.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	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
Thomas Collins 8033 Wales New Orleans, La 70126	Tidewater Inc.	Twice Monthly P/R Ded	\$ 46.20 (17.70 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales Representative	Aggregate Year-to-Date > \$ 46.20	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Matthew W. Comotto P.O. BOX 1257 Oldsbar, Fl. 34677-0023	Tidewater Inc.	Twice Monthly	\$ 60.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 60.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wally Cox 8031 Chipper Tree Circle Anchorage, Ak 99507	Tidewater Inc.	Twice Monthly P/R Ded	\$ 90.00 (5.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 90.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Currence 514 Audubon St. New Orleans, La 70118	Tidewater Inc.	Twice Monthly P/R Ded	\$ 150.00 (25.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 150.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Van Dewitt 131 Riverwood Dr. Covington La	Tidewater Inc.	Twice Monthly P/R Ded	\$ 50.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. Int'l Sales	Aggregate Year-to-Date > \$ 50.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Dick 5500 Durham Dr. New Orleans, La 70131	Tidewater Inc.	Twice Monthly P/R Ded	\$ 50.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 50.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Dolgner 19703 Oakland Valley Dr. Katy, Tx 77493	Tidewater Inc.	Twice Monthly	\$ 50.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 60.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John C. Drake c/o Tidewater Inc. 144D Canal St. New Orleans, La	Tidewater Inc.	Twice Monthly	\$ 60.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 60.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sheffie Fabre P.O. BOX 1339 Patterson La 70115	Tidewater Inc.	Twice Monthly P/R Ded	\$ 30.00 (5.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Port Captain	Aggregate Year-to-Date > \$ 30.00	

SUBTOTAL of Receipts This Page (optional) _____

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
C. Wooster Fell 1016 Fig St. Morgan City, La 70380 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation Manager Aggregate Year-to-Date > \$ 30.00	Twice Monthly P/R Ded	\$ 30.00 (5.00 per pay period)
B. Full Name, Mailing Address and ZIP Code Robert Arceneaux c/o Tidewater Inc. 1440 Canal St. New Orleans, La 70112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation Safety Manager Aggregate Year-to-Date > \$ 10.00	Twice Monthly P/R Ded	\$ 10.00 (5.00 per pay period)
C. Full Name, Mailing Address and ZIP Code Peter Fortier 932 Jefferson Ave. New Orleans La 70115 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation Manager-Domestic Aggregate Year-to-Date > \$ 45.00	Twice Monthly P/R Ded	\$ 45.00 (7.50 per pay period)
D. Full Name, Mailing Address and ZIP Code David Freeman 311 Steele Rd Slidell La 70461 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation Manager Aggregate Year-to-Date > \$ 30.00	Twice Monthly P/R Ded	\$ 30.00 (5.00 per pay period)
E. Full Name, Mailing Address and ZIP Code Daniel Frick 1010 City Ave. New Orleans La 70119 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation Manager Aggregate Year-to-Date > \$ 50.00	Twice Monthly P/R Ded	\$ 50.00 (10.00 per pay period)
F. Full Name, Mailing Address and ZIP Code Larry Francois 256 Colle Del Verano Palm Desert, Ca 92260 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation Manager Aggregate Year-to-Date > \$ 120.00	Twice Monthly	\$ 120.00 (20.00 per pay period)
G. Full Name, Mailing Address and ZIP Code Daniel Gaiennie 125 Elaine Ave Harahan, La 70123 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation Manager Aggregate Year-to-Date > \$ 36.00	Twice Monthly P/R Ded	\$ 36.00 (6.00 per pay period)

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Gasser P.O. BOX 3336 Kenai AK 99611-3336	Tidewater Inc.	Twice Monthly P/R Ded	\$ 60.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager Aggregate Year-to-Date \$ 60.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gary Glaxner Culle Juarez #206 C.P. 86600	Tidewater Inc.	Twice Monthly P/R Ded	\$ 30.00 (5.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager Aggregate Year-to-Date \$ 30.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Goldblatt c/o Tidewater Inc. 1440 Canal St. New Orleans La 70112	Tidewater Inc.	Twice Monthly P/R Ded	\$ (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nathaniel Gladding c/o Tidewater Inc 1440 Canal St. New Orleans, La 70112	Tidewater Inc.	Twice Monthly P/R Ded	\$ 60.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager Aggregate Year-to-Date \$ 60.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles Hardy 308 Oak Alley Dr Houma La 70360	Tidewater Inc	Twice Monthly P/R Ded	\$ 60.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager Aggregate Year-to-Date \$ 60.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas E. Hartford 3525 Beechwood St. Grand Junction Co. 81506	Tidewater Inc.	Twice Monthly P/R Ded	\$ 50.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date \$ 60.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Albert Hebert 4682 La. 1 Raceland La 70394	Tidewater Inc.	Twice Monthly P/R Ded	\$ 30.00 (5.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Operations Manager Aggregate Year-to-Date \$ 30.00		

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Terral Hebert 306 Woodlawn Houma La 70063	Tidewater Inc.	Twice Monthly P/R Ded	\$ 60.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 60.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Hightower c/o Tidewater Inc. 1440 Canal St. New Orleans, La 70112	Tidewater Inc.	Twice Monthly P/R Ded	90.00 (15.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 90.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bob Carroll c/o Tidewater Inc. 1440 Canal St. New Orleans, La 70112	Tidewater Inc.	Twice Monthly P/R Ded	10.00 (5.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 10.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Orville Deeds c/o Tidewater Inc. 1440 Canal St. New Orleans, La 70112	Tidewater Inc.	Twice Monthly P/R Ded	5.00 (5.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 5.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Daniel Felman c/o Tidewater Inc. 1440 Canal St. New Orleans, La 70112	Tidewater Inc.	Twice Monthly P/R Ded	10.00 (5.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 10.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George King 14122 Carolcrest Patterson La 77079	Tidewater Inc.	Twice Monthly P/R Ded	\$ 45.00 (7.50 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 45.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Manning c/o Tidewater Inc. 1440 Canal St. New Orleans, La 70112	Tidewater Inc.	Twice Monthly P/R Ded	10.00 (5.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 10.00	

SUBTOTAL of Receipts This Page (optional) _____

TOTAL This Period (last page this line number only) _____

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NAME OF COMMITTEE (in Full)

200304102

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Hebert c/o Tidewater Inc. 1440 Canal St. New Orleans, La 70112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation: Manager Aggregate Year-to-Date > \$ 30.00	Twice Monthly P/R Ded	\$30.00 (15.00 per pay period)
B. Full Name, Mailing Address and ZIP Code	Tidewater Inc. Occupation:	Twice Monthly P/R Ded	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Tidewater Inc. Occupation: Senior Vice Pres.	Twice Monthly P/R Ded	\$ 150.00 (25.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 150.00		
D. Full Name, Mailing Address and ZIP Code	Tidewater Inc. Occupation: Vice President	Twice Monthly P/R Ded	\$ 60.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 60.00		
E. Full Name, Mailing Address and ZIP Code	Tidewater Inc. Occupation: Engineered Sales	Twice Monthly P/R Ded	\$ 30.00 (5.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 30.00		
F. Full Name, Mailing Address and ZIP Code	Tidewater Inc. Occupation: Manager	Twice Monthly P/R Ded	\$ 150.00 (25.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 150.00		
G. Full Name, Mailing Address and ZIP Code	Tidewater Inc. Occupation: Manager	Twice Monthly P/R Ded	\$ 30.00 (5.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 30.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (total page this line number only)

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Caroline Mills c/o Tidewater Inc. 1440 Canal St. New Orleans, La 70112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation: Asst. Controller Aggregate Year-to-Date > \$ 20.00	Twice Monthly P/R Ded	\$ 20.00 (10.00 per pay period)
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation: Aggregate Year-to-Date > \$	Twice Monthly P/R Ded	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Jay Martin P.O. BOX 3589 Valdez Ak 99686 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation: Manager Aggregate Year-to-Date > \$ 50.00	Twice Monthly P/R Ded	\$50.00 (10.00 per pay period)
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation: Aggregate Year-to-Date > \$	Twice Monthly P/R Ded	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Eric Munster 1315 Bonnabel Blvd Metairie La 70124 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation: Manager Aggregate Year-to-Date > \$ 18.72	Twice Monthly P/R Ded	\$ 18.72 (3.12 per pay period)
F. Full Name, Mailing Address and ZIP Code George Nicholson 6033 Bayview Dr. Ft. Lauderdale Fl 33308 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Occupation: Manager Aggregate Year-to-Date > \$ 60.00	Twice Monthly P/R Ded	\$ 60.00 (10.00 per pay period)
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation: Aggregate Year-to-Date > \$	Twice Monthly P/R Ded	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

35030041003

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NAME OF COMMITTEE (In Full)

2503004104

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Name of Employer: Tidewater Inc. Occupation: Vice President Aggregate Year-to-Date: \$	Tidewater Inc.	Twice Monthly P/R Ded	
B. Full Name, Mailing Address and ZIP Code Larry Rigdon 1440 Canal St. New Orleans, La 70112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Tidewater Inc. Occupation: Senior Vice Pres Aggregate Year-to-Date: \$ 150.00	Date (month, day, year): Twice Monthly P/R Ded	Amount of Each Receipt This Period: \$ 150.00 (25.00 per pay period)
C. Full Name, Mailing Address and ZIP Code Kenneth Riley c/o Tidewater Inc. 1440 Canal St. New Orleans, La 70112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Tidewater Inc. Occupation: Manager Aggregate Year-to-Date: \$ 30.00	Date (month, day, year): Twice Monthly	Amount of Each Receipt This Period: \$ 30.00 (5.00 per pay period)
D. Full Name, Mailing Address and ZIP Code Robert D. Ryan 25410 Morgan Dr. Tomball Tx 77375 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Tidewater Inc. Occupation: Senior Vice Pres. Aggregate Year-to-Date: \$ 60.00	Date (month, day, year): Twice Monthly P/R Ded	Amount of Each Receipt This Period: \$ 60.00 (10.00 per pay period)
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Tidewater Inc. Occupation: Vice President Aggregate Year-to-Date: \$	Date (month, day, year): Twice Monthly P/R Ded	Amount of Each Receipt This Period: \$ (25.00 per pay period)
F. Full Name, Mailing Address and ZIP Code Austin Seay c/o Singapore Office Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Tidewater Inc. Occupation: Area Manager Aggregate Year-to-Date: \$ 30.00	Date (month, day, year): Twice Monthly P/R Ded	Amount of Each Receipt This Period: \$ 30.00 (5.00 per pay period)
G. Full Name, Mailing Address and ZIP Code Tommy Sheridan P.O. BOX 269 Trinity, Tx 75862 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Tidewater Inc. Occupation: Manager Aggregate Year-to-Date: \$ 45.00	Date (month, day, year): Twice Monthly P/R Ded	Amount of Each Receipt This Period: \$ 45.00 (7.50 per pay period)

SUBTOTAL of Receipts This Page (optional) _____

TOTAL This Period (last page this line number only) _____

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NAME OF COMMITTEE (in Full)

23030410

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Skiles 208 Hogan St. Berwick, La 70342 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation: Manager Aggregate Year-to-Date > \$ 30.00	Twice Monthly P/R Ded	\$ 30.00 (5.00 per pay period)
Ronald D. Smith 3409 Tolmas St. Metairie, La 70002 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation: Manager Aggregate Year-to-Date > \$	Twice Monthly P/R Ded	Amount of Each Receipt this Period
Ronald E. Smith 12622 Ravensway Dr. Cypress, Tx 77429 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation: Branch Manager Aggregate Year-to-Date > \$ 90.00	Twice Monthly P/R Ded	\$ 90.00 (15.00 per pay period)
Robert Socha 1440 Canal St. New Orleans, La 70112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation: Manager Aggregate Year-to-Date > \$ 30.00	Twice Monthly P/R Ded	\$ 30.00 (5.00 per pay period)
Horace Solar P.O. BOX 1753 Morgan City, La 70381 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation: Mnt. Superintendant Aggregate Year-to-Date > \$ 12.00	Twice Monthly P/R Ded	\$ 12.00 (2.00 per pay period)
NewTon Schnoor 22502 Prince George Katy Tx 77449 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation: Vice President Aggregate Year-to-Date > \$ 60.00	Twice Monthly P/R Ded	\$ 60.00 (10.00 per pay period)
Stephen Snider 1105 Nashville Ave. New Orleans, La Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tidewater Inc. Occupation: Vice President Aggregate Year-to-Date > \$ 90.00	Twice Monthly P/R Ded	\$ 90.00 (15.00 per pay period)

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

6
4
1
0
6
0
3
0
3
0

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Stannard 5102 Forest Haven Houston Tx 77066	Tidewater Inc.	Twice Monthly P/R Ded	\$ 60.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales Representative	Aggregate Year-to-Date \$ 60.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Summers P.O. BOX 2527 Morgan City, La 70381	Tidewater Inc.	Twice Monthly P/R Ded	\$ 42.00 (7.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date \$ 42.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ken Tamblyn 78021 Donnie Rd. Folsom, La	Tidewater Inc.	Twice Monthly P/R Ded	\$ 120.00 (20.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date \$ 120.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dean Taylor P.O. BOX 728 Rocky Hill Ranch Kiln, Ms 39556	Tidewater Inc.	Twice Monthly P/R Ded	\$ 60.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date \$ 60.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Teague P.O. BOX 3169 Valdez, Ak 99686	Tidewater Inc.	Twice Monthly P/R Ded	\$ 90.00 (15.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date \$ 90.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Touchet P.O. BOX 203 Kaplan La 70548	Tidewater Inc.	Twice Monthly P/R Ded	\$ 90.00 (15.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date \$ 90.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kirk Townsend 10043 Bordley Houston Tx 77042	Tidewater Inc.	Twice Monthly P/R Ded	\$ 30.00 (25.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Engineered Sales	Aggregate Year-to-Date \$ 30.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in full)

950304107

A. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gilbert Wiggins c/o Tidewater Inc. 1440 Canal St. New Orleans, La 70112		Tidewater Inc.	Twice Monthly P/R Ded	\$20.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Data Processing Man.	Aggregate Year-to-Date > \$ 20.00	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Harold Wilson 20356 Garland St. Covington, La 70433		Tidewater Inc.	Twice Monthly P/R Ded	\$ 30.00 (5.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Manager	Aggregate Year-to-Date > \$ 30.00	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
		Tidewater Inc.	Twice Monthly P/R Ded	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lyle Wheeler 4939 E. Mineral Circle Littleton Co 80122		Tidewater Inc.	Twice Monthly P/R Ded	\$ 60.00 (10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Vice President	Aggregate Year-to-Date > \$ 60.00	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald Sutton 1060 Highland Rd. Santa Ynez, Ca 93460		Tidewater Inc.	Twice Monthly P/R Ded	\$ 30.00 (5.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Manager	Aggregate Year-to-Date > \$ 30.00	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: 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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) _____

TOTAL This Period (last page this line number only) _____

\$ 3,912.42

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

FEDERAL CANDIDATES

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Peggy Wilson 3445 N. Causeway, ste 902 Metairie, La 70002	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) US Senate	3/06/96	\$ 250.00
Stevens for Senate P.O.BOX 1766 Washington, DC 20013	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Senate	3/13/96	500.00
Friends of Bob Livingston 4500 One Shell Square New Orleans, La 70139	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Congressman	3/22/96	1,000.00
Texans for Henry Bonilla ste 200 4451 Brookfield Corp. Dr. Chantilly VA 22021-1652	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Congressman	3/25/96	500.00
Billy tauzin Committee P.O.BOX 1407 Thibodaux, La 70302	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Congressman	2/21/96	500.00
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)

\$2,750.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

NON-FEDERAL CANDIDATES

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chet D. Traylor Campaign 2008 West St. Winnsboro, La 71295	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) LA Judge	1/15/96	\$2,000.00
B. Full Name, Mailing Address and ZIP Code NRCC-Texas Challenges Fund 3323 Richmond, Ste C Houston, TX 77098	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) TX contri.	3/01/96	500.00
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)

\$2,500.00

950304109

**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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

5-22-96

No Postmark

Postmark Illegible

Received from the House Office of Records
 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

lls
 PREPARER

5-29-96
 DATE PREPARED

95030:41000