REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEB 22 12 20 PM '96

1. NAME OF COMMITTEE (in full)
SEAFARERS POLITICAL ACTIVITY DONATION

ADDRESS (number and street) ☐ Check if different from previously reported
5201 AUTH WAY

CITY, STATE and ZIP CODE
CAMP SPRINGS, MD 20746

2. FEC IDENTIFICATION NUMBER
C00004325

3. ☐ 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:

☒ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ 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 1-1-96 through 1-31-96		
6. (a) Cash on Hand January 1, 1996		$ 207209.51
(b) Cash on Hand at Beginning of Reporting Period	$ 207209.51	
(c) Total Receipts (from line 19)	$ 96014.50	$ 96014.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 303224.01	$ 303224.01
7. Total Disbursements (from line 30)	$ 43400.00	$ 43400.00
8. Cash on Hand at Close of Reporting Period (subtract line 7 from line 6(d))	$ 259824.01	$ 259824.01
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 800-424-0530
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 XXXXX Assistant Treasurer
Thomas J. DeVivio

Signature of Treasurer [signature]

Date 2/15/96

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

FEC FORM 3
(revised 5/93)

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

(revised 1/1/91)

NAME OF COMMITTEE: SEAFARERS POLITICAL ACTIVITY DONATION

REPORT COVERING PERIOD FROM: 1-1-96 TO: 1-31-96

		COLUMN A Total This Period	COLUMN B Calendar Year
	I. Receipts		
11.	Contributions (other than loans) From:		
	a. Individuals/Persons Other Than Political Committees		
	i. Itemized (use Schedule A)	13718.75	13718.75
	ii. Unitemized	82295.75	82295.75
	iii. Total (add i and ii)	96014.50	96014.50
	b. Political Party Committees		
	c. Other Political Committees (such as PACs)		
	d. Total Contributions (add a iii, b and c)	96014.50	96014.50
12	Transfers From Affiliated/Other Party Committees		
13	All Loans Received		
14	Loan Repayments Received		
15	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17	Other Federal Receipts (Dividends, Interest, etc.)		
18	Transfers from Nonfederal Account for Joint Activity		
19	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	96014.50	96014.50
20	Total Federal Receipts (subtract line 16 from line 19)	96014.50	96014.50
	II. Disbursements		
21	Operating Expenditures		
	a. Shared Federal/Non-Federal Activity (from Schedule H4)		
	i. Federal Share		
	ii. Non-Federal Share		
	b. Other Federal Operating Expenditures	11400.00	11400.00
	c. Total Operating Expenditures (Add a i, a ii, and b)	11400.00	11400.00
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	31000.00	31000.00
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26.	Loan Repayments Made		
27	Loans Made		
28.	Refunds of Contributions To:		
	a. Individuals/Persons Other Than Political Committees		
	b. Political Party Committees		
	c. Other Political Committees (such as PACs)		
	d. Total Contribution Refunds (Add a, b and c)		
29	Other Disbursements	1000.00	1000.00
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	43400.00	43400.00
31	Total Federal Disbursements (subtract line 21 a ii from line 30)	43400.00	43400.00
	III. Net Contributions/Operating Expenditures		
32	Total Contributions (other than loans)(from line 11d)	96014.50	96014.50
33	Total Contribution Refunds (from line 28d)		
34	Net Contributions (other than loans)(subtract line 33 from 32)	96014.50	96014.50
35	Total Federal Operating Expenditures (add 21 a i and 21 b)	11400.00	11400.00
36	Offsets to Operating Expenditures (from line 15)		
37	Net Operating Expenditures (subtract line 36 from 35)	11400.00	11400.00

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SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 1 OF 9

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
AHMED KS 9015 SUFFHIN BLVD JAMACIA QUEENS, NY 11435	N/A MERCHANT SEAMAN	1/31/96	286.50
Receipt for: Primary / General / Other (specify)	Aggregate YTD $	286.50	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ALI H 10010 BURKLEY ST DEARBORN, MI 48120	N/A MERCHANT SEAMAN	1/31/96	289.50
Receipt for: Primary / General / Other (specify)	Aggregate YTD $	289.50	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ARNOLD, DH 355 ECHO ACRES RD NORTH CONWAY, NH 03860	N/A MERCHANT SEAMAN	1/31/96	212.50
Receipt for: Primary / General / Other (specify)	Aggregate YTD $	212.50	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BEATTIE R 402 N G ST APT 9 TACOMA, WA 98403	N/A MERCHNAT SEAMAN	1/31/96	236.00
Receipt for: Primary / General / Other (specify)	Aggregate YTD $	236.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BURELSON C 513 KAIEKI ST KAILWA, HI 96734	N/A MERCHANT SEAMAN	1/31/96	490.00
Receipt for: Primary / General / Other (specify)	Aggregate YTD $	490.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
CAMPBELL, AN 3529 NORWOOD CT WALDORF, MD 20602-1766	N/A MERCHANT SEAMAN	1/31/96	300.00
Receipt for: Primary / General / Other (specify)	Aggregate YTD $	300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
CANLAS J 5301 AUTH WAY CAMP SPRINGS, MD 20746	N/A SEAMAN	1/31/96	425.00
Receipt for: Primary / General / Other (specify)	Aggregate YTD $	425.00	

SUBTOTAL of Receipts This Page (optional)	2239.50
TOTAL This Period (last page this line number only)	

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SCHEDULE A ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
SEAFARERS POLITICAL ACTIVITY DONATION

FEC ID No. C00004325

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. CARROLL PD 13103 BASSFORD HOUSTON, TX 77099 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	N/A Occupation: MERCHANT SEAMAN Aggregate for Date $	1/31/96 237.00	237.00
B. CORGEY RH 1811 SURRY OAKS DR NEW CANEY, TX 77357 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	N/A Occupation: MERCHANT SEAMAN Aggregate for Date $	1/31/96 315.00	315.00
C. CUTCHINS DP 1107JENKS AVE PANAMA CITY, FL 32401 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	N/A Occupation: MERCHANT SEAMAN Aggregate for Date $	1/31/96 228.00	228.00
D. DAVENPORT PD P O BOX 2524 DAPHNE, AL 36526 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	N/A Occupation: MERCHANT SEAMAN Aggregate for Date $	1/31/96 214.00	214.00
E. DECOSTA, D 5857 FRESH POND ROAD MASPETH, NY 11378 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	N/A Occupation: MERCHANT SEAMAN Aggregate for Date $	1/31/95	240.00
F. DRIGGERS W 1684PINEGROVE JACKSONVILLE, FL 32205 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	N/A Occupation: MERCHANT SEAMAN Aggregate for Date $	1/31/96 256.00	256.00
G. ELOT G 511 STEWARDT AVE STATEN ISLAND, NY 10314 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	N/A Occupation: MERCHANT SEAMAN Aggregate for Date $	1/31/96 252.00	252.00

SUBTOTAL of Receipts This Page (optional)	1742.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
SEAFARERS POLITICAL ACTIVITY DONATION

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FARINAS RD 94-249 KUPUNA LOOP WAIPAHU, HI 96797	N/A	1/31/96	230.50
Receipt for: Primary / General / Other (specify)	Occupation: MERCHANT SEAMAN		
	Aggregate Year-to-Date $	230.50	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GACC PC 1232 EASTERN AVE FORT PIERCE, FL 33450	N/A	1/31/96	358.50
Receipt for: Primary / General / Other (specify)	Occupation: MERCHANT SEAMAN		
	Aggregate Year-to-Date $	358.50	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GILL GT HCR 67 BOX 574 URBANNA, VA 23175	N/A	1/31/96	201.00
Receipt for: Primary / General / Other (specify)	Occupation: MERCHANT SEAMAN		
	Aggregate Year-to-Date $	201.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GRAYDON J 615 EAST 61ST ST JACKSONVILLE, FL 32208	N/A	1/31/96	261.00
Receipt for: Primary / General / Other (specify)	Occupation: MERCHANT SEAMAN		
	Aggregate Year-to-Date $	261.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HEATH B 3705 W 22ND PLACE PANAMA CITY, FL 32405	N/A	1/31/96	268.00
Receipt for: Primary / General / Other (specify)	Occupation: MERCHANT SEAMAN		
	Aggregate Year-to-Date $	268.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HEROLD HA 203 N BROADWAY LORAIN, OH 44052	N/A	1/31/96	241.00
Receipt for: Primary / General / Other (specify)	Occupation: MERCHANT SEAMAN		
	Aggregate Year-to-Date $	241.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOPKINS K 1240 S MILITARY TR #1121 DEERFIELD BCH, FL 33442	N/A	1/31/96	200.00
Receipt for: Primary / General / Other (specify)	Occupation: MERCHANT SEAMAN		
	Aggregate Year-to-Date $	200.00	

SUBTOTAL of Receipts This Page (optional)	1760.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A ITEMIZED RECEIPTS

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A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
HOWARD W 5148 CAMERON BLVD NEW ORLEANS, LA 70122 Receipt for: ☐ Primary ☐ General ☐ Other (specify)	N/A MERCHANT SEAMAN Aggregate to Date $ 207.00	1/31/96	207.00
B. Full Name, Mailing Address and ZIP Code JAWORSKI FP 3702 S VIRGINIA ST RENO, NV 89502 Receipt for: ☐ Primary ☐ General ☐ Other (specify)	N/A MERCHANT SEAMAN Aggregate to Date $ 351.00	1/31/96	351.00
C. Full Name, Mailing Address and ZIP Code JEFFERS E 8364 HILDA DR PASADENA, MD 21122 Receipt for: ☐ Primary ☐ General ☐ Other (specify)	N/A MERCHANT SEAMAN Aggregate to Date $ 462.50	1/31/96	462.50
D. Full Name, Mailing Address and ZIP Code KINSMAN MJ 36145 CHANCEY RD ZEPHRHILLS, FL 34248 Receipt for: ☐ Primary ☐ General ☐ Other (specify)	N/A MERCHANT SEAMAN Aggregate to Date $ 274.00	1/31/96	274.00
E. Full Name, Mailing Address and ZIP Code KNORR W P O BOX 206 VALLEY LEE, MD 20692 Receipt for: ☐ Primary ☐ General ☐ Other (specify)	N/A MERCHANT SEAMAN Aggregate to Date $ 372.00	1/31/96	372.00
F. Full Name, Mailing Address and ZIP Code LEQUILLOW ML P O BOX 429 VIEQUES, PR 00765 Receipt for: ☐ Primary ☐ General ☐ Other (specify)	N/A MERCHANT SEAMAN Aggregate to Date $ 312.50	1/31/96	312.50
G. Full Name, Mailing Address and ZIP Code MAXIE D 2558 SUTTER SAN FRANCISCO, CA 94115 Receipt for: ☐ Primary ☐ General ☐ Other (specify)	N/A MERCHANT SEAMAN Aggregate to Date $ 259.00	1/31/96	259.00

SUBTOTAL of Receipts This Page (optional) 2238.00

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

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SCHEDULE A ITEMIZED RECEIPTS

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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
MC DONALD DE 6005 N HIGHLAND AVE TAMPA, FL 33604	N/A	1/31/96	202.50
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Occupation: MERCHANT SEAMAN	Aggregate to date $ 202.50	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MORRIS PA 6668 SUNNY ISLE ST CROIX, VI 00823	N/A	1/31/96	274.50
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Occupation: MERCHANT SEAMAN	Aggregate to date $ 274.50	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATOLI JJ 402 MAXIM ROAD HOWELL, NJ 07731	N/A	1/31/96	306.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Occupation: MERCHANT SEAMAN	Aggregate to date $ 306.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICK JP 8778 SE RIGDON WAY HOBE SOUND, FL 33455	N/A	1/31/96	310.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Occupation: MERHCANT SEAMAN	Aggregate to date $ 310.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PLATA AE 1528 ABBEY ROAD #10 HARVEY, LA 70058	N/A	1/31/96	298.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Occupation: MERCHANT SEAMAN	Aggregate to date $ 298.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROMERO B 41275 OLD MICHIGAN AVE 605 CANTON, MI 48188	N/A	1/31/96	271.50
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Occupation: MERCHANT SEAMAN	Aggregate to date $ 271.50	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SANCHEZ S 6 BRADLEY ST BRENTWOOD, NY 11717	N/A	1/31/96	275.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Occupation: MERCHANT SEAMAN	Aggregate to date $ 275.00	

SUBTOTAL of Receipts This Page (optional)	1937.50
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
SEAFARERS POLITICAL ACTIVITY DONATION

FEC ID No. C00004325

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. SCHAFFHAUSER EG 479 TREX RD ATLANTIC BCH FL 32233	N/A MERCHANT SEAMAN	1/31/96	211.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Aggregate-to-Date $	211.00	
B. SCOTT EO 1014 JOLIET ST NEW ORLEANS, LA 70118	N/A MERCHANT SEAMAN	1/31/96	250.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Aggregate-to-Date $	250.00	
C. SHIPLEY, GA 946 HAVEWOOD DR BATON ROUGE, LA 70815	N/A MERCHANT SEAMAN	1/31/96	430.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Aggregate-to-Date $	430.00	
D. SINGELTARY MJ 5240 EHRET RD MARRERO, LA 70072	N/A MERCHANT SEAMAN	1/31/96	233.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Aggregate-to-Date $	233.00	
E. SMITH C 1329 BASIL ST MOBILE, AL 36603	N/A MERCHANT SEAMAN	1/31/96	276.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Aggregate-to-Date $	276.00	
F. STERNBERG PE 27068 TARRAGONA LAGUNA-NIGUEL, CA 92656	N/A MERCHANT SEAMAN	1/31/96	243.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Aggregate-to-Date $	243.00	
G. STEWART GW 2622 TULIP TRRE CIR SHEFFER, FL 33584	N/A MERCHANT SEAMAN	1/31/96	246.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Aggregate-to-Date $	246.00	

SUBTOTAL of Receipts This Page (optional) 1889.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)
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FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TALUCCI S 1340 SO 16TH AVE JAXVILLE BCH, FL 32250	N/A	1/31/96	215.75
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Occupation: MERCHANT SEAMAN		
	Aggregate YTD $	215.75	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS JI 1602 BROOKRIDGE DR SW 308 DECATUR, AL 35601	N/A	1/31/96	265.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Occupation: MERCHANT SEAMAN		
	Aggregate YTD $	265.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VALERIO G 4938 MAID MARION DR NEW ORLEASN, LA 70128	N/A	1/31/96	295.50
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Occupation: MERCHANT SEAMAN		
	Aggregate YTD $	295.50	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VINCENT J 85-115 ALAWA LACE WAIANAE, HI 96792	N/A	1/31/96	244.50
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Occupation: MERCHANT SEAMAN		
	Aggregate YTD $	244.50	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WHISENHANT EL 404 MYRTLEWOOD AVE CHICKSAW, AL 36611	N/A	1/31/96	201.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Occupation: MERCHANT SEAMAN		
	Aggregate YTD $	201.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WITHERSPOON BA 2401 PEARTREE ORLANDO, FL 32807	N/A	1/31/96	233.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Occupation: MERCHANT SEAMAN		
	Aggregate YTD $	233.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WITTE, J 14241 82ND TERR N SEMINOLE, FL 34646	N/A	1/31/96	245.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Occupation: MERCHANT SEAMAN		
	Aggregate YTD $	245.00	

SUBTOTAL of Receipts This Page (optional)	1699.75
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
SEAFARERS POLITICAL ACTIVITY DONATION

FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
YANES R 1303 DIPOLMAT WAY HOUSTON, TX 34646	N/A	1/31/96	213.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Occupation: MERCHANT SEAMAN Aggregate to date $ 213.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Aggregate to date $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Aggregate to date $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Aggregate to date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: ☐ Primary ☐ General ☐ Other (specify)	Aggregate 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: ☐ Primary ☐ General ☐ Other (specify)	Aggregate 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: ☐ Primary ☐ General ☐ Other (specify)	Aggregate to date $		

SUBTOTAL of Receipts This Page (optional)	213.00
TOTAL This Period (last page this line number only)	13718.75

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

SEAFARERS POLITICAL ACTIVITY DONATION FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
ROBERT M. MCGLOTTEN 1901 L ST. NW SUITE 300 WASHINGTON, DC 20036	LEGAL CONSULTING FEE ☐ Primary ☐ General ☐ Other (specify) N/A	1/3/96	5500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
WAYNE SMITH 1341 G ST. NW SUITE 200 WASHINGTON, DC 20005	LEGAL CONSULTING FEE ☐ Primary ☐ General ☐ Other (specify) N/A	1/3/96	2500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
BRAND & LOWELL 923 1ST ST NW WASHINGTON, DC 20005	LEGAL CONSULTING FEE ☐ Primary ☐ General ☐ Other (specify) N/A	1/3/96	3000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for / 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 / 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 / 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 / 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 / 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 / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	11000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

SEAFARERS POLITICAL ACTIVITY DONATION FEC ID No. C00004325

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code NGL INSURANCE GROUP 112 MERRICK RD LYNBRROK, NY 11563	BOND RENEWAL Disbursement for: ☐ Primary ☐ General ☐ Other (specify) N/A	1/5/96	400.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	400.00
TOTAL This Period (last page this line number only)	11400.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 9

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

SEAFARERS POLITICAL ACTIVITY DONATION FEC ID No. C00004325

A. Full Name, Mailing Address and ZIP Code SAM GEJDENSON RE ELECTION COMMITTEE P O BOX 1818 BOZRAH, CT 06334	Purpose of Disbursement D-CT-96-P-2 Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD 500.	Date (month, day, year) 1/4/96	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

SEAFARERS POLITICAL ACTIVITY DONATION FEC ID No. C00004325

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
A. Full Name, Mailing Address and ZIP Code PETER DUETSCH FOR CONGRESS 4740 CONNECTICUT AVE NW 911 WASHINGTON, DC 20008	D-FL-96P-20 Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD 1000	1/25/96	1000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

SEAFARERS POLITICAL ACTIVITY DONATION FEC ID No. C00004325

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code CONNIE GALAIZZO DEJULIUS FOR CONGRESS P O BOX 7768 ESSEX, MD 21221	D-MD-96P-2 Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD 5000.	1/31/96	5000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

SEAFARERS POLITICAL ACTIVITY DONATION FEC ID No. C00004325

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code STUPAK FOR CONGRESS P O BOX 143 MENOMINEE, MICHIGAN	D-MI-96P-1 Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD	1/25/96	2500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

SEAFARERS POLITICAL ACTIVITY DONATION FEC ID No. C00004325

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code CITIZENS FOR COCHRAN PO BOX 22761 JACKSON, MS 39225-2761	R-MS-96P-SEN. Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD 1000	1/22/96	1000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

9 5 0 3 0 3 1 4 1 1 6

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

SEAFARERS POLITICAL ACTIVITY DONATION FEC ID No. C00004325

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
B. Full Name, Mailing Address and ZIP Code ANDRES FOR CONGRESS COMM 1701 ROUTE 70 EAST ST 102 CHERRY HILL, NJ 08034	D-NJ-96-1 Disbursement for: ☒ Primary ☐ General Other (specify) YTD 1000	12/27/95	(1000.00)
C. Full Name, Mailing Address and ZIP Code ANDREWS FOR CONGRESS COMM 1701 ROUTE 70, EAST ST 102 CHERRY HILL, NJ 08034	D-NJ-96-1 Disbursement for: ☒ Primary ☐ General Other (specify) YTD 1000.	1/18/96	1000.00
D. Full Name, Mailing Address and ZIP Code	Disbursement for ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Disbursement for ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	-0-
TOTAL This Period (last page this line number only)	

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SCHEDULE B ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

SEAFARERS POLITICAL ACTIVITY DONATION FEC ID No. C00004325

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement This Period
A. NADLER FOR CONGRESS 170 W 76TH ST #602 NEW YORK, NY 10023	D-NY-96P-8 Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD 1000	1/4/96	1000.00
B. NITA LOWEY FOR CONGRESS 1185 AVE OF THE AMERICANS NEW YORK, NY 10036	D-NY-96P-18 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	1/4/96	500.00
C. LOUISE SLAUGHTER RE-ELECTION COMMITTEE 700 FIRST FEDERAL PLAZA ROCHESTER, NY 14614	D-NY-96P-28 Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD	1/4/96	500.00
D. FRIENDS OF MICHAEL FORBERS FOR CONGRESS COMM. 240 BECKWITH AVE PO BOX 500 SOUTHOLD, NY 11971	R-NY-96P-1 Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD 1000.	12/8/95	(1000.00)
E. FRIENDS OF MICHAEL FORBES FOR CONGRESS COMM 240 BECKWITH AVE PO BOX 500 SOUTHHOLD, NY 11971	R-NY-96P-1 Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD 1000.	1/26/96	1000.00
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

SEAFARERS POLITICAL ACTIVITY DONATION FEC ID No. C00004325

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. LAMPSON FOR CONGRESS P O BOX 21578 bEAUMONT, tx	D-TX-96P-9 Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD 1000	1/25/96	1000.00
B. KEN BENTSEN JR FOR CONGRESS COMMITTEE 5615 MORNINGSIDE #301 HOUSOTN, TX 77005	D-TX-96P-25 Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD 1000	1/25/96	1000.00
C. SHEILA JACKSON LEE FOR CONGRESS 1221 LAMAR SUITE 1175 HOUSTON, TX 77016	D-TX-96P-18 Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD	1/25/96	1000.00
D. JIM CHAPMAN FOR SENATE P O BOX 388 SULPHUR SPRINGS, TX 75482	D-TX-96P-SEN Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD 1500.	1/25/96	1500.00
E. BRADY FOR CONGRESS P O BOX 8277 WOODLANDS, TX 77387	D-TX-96P-8 Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD 1000	1/25/96	1000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 9 OF 9

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

SEAFARERS POLITICAL ACTIVITY DONATION FEC ID No. C00004325

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. LOUISIANA ALIVE INC. 1341 G STREET NW SUITE 200 WASHINGTON, DC 20005	NAT'L NON RELATED Disbursement for: ☐ Primary ☐ General ☐ Other (specify) YTD 6000.	1/25/96	6000.00
B. WESTERN VOTER PARTICIPATION PROJECT/WESTERN STATES CEN. 3251 NE ALAMEDA TERRACE PORTLAND, OR 97212	NAT'L NON RELATED Disbursement for: ☐ Primary ☐ General ☐ Other (specify) YTD 2500	1/25/96	2500.00
C. DEMOCRATIC GOVERNORS' ASSOCIATION 430 SOUTH CAPITOL ST SE WASHINGTON, DC 20003	NAT'L NON RELATED Disbursement for: ☐ Primary ☐ General ☐ Other (specify) YTD 5000.	1/25/96	5000.00
D.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	13500.00
TOTAL This Period (last page this line number only)	31000.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

SEAFARERS POLITICAL ACTIVITY DONATION FEC ID No. C00004325

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
A. Full Name, Mailing Address and ZIP Code KEN YARBROUGH CAMPAIGN P O BOX 920949 HOUSTON, TX 77792	STATE-LOCAL TX Disbursement for: ☐ Primary ☐ General ☐ Other (specify) YTD 1000.	1/25/96	1000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Page

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	1000.00

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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 2/16/96
☐	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

E.S.
PREPARER

2/22/96
DATE PREPARED

FEC FORM 70-2 (12/92)

9 6 0 3 0 3 1 4 1 2