

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

ADDRESS (number and street) 444 North Capitol Street  
Suite 800  
 Check if different than previously reported. (ACC)  
Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00279380

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |   |                                       |  |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input checked="" type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6)            | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7)            | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day Post -Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2007 through 04 30 2007

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 Mr Bill Van Loo

Signature of Treasurer Electronically Filed by Mr Bill Van Loo Date 08 16 2007

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

|                 |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |           |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 7 |  | 563603.75 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |           |
| 2   | 0                       | 0                                 | 7 |   |   |   |   |   |  |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 541979.60               |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....   | 21854.36                | 72957.61                          |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 563833.96               | 636561.36                         |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....   | 20984.68                | 93712.08                          |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 542849.28               | 542849.28                         |   |   |   |   |   |   |  |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |           |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 9320.06                       | 27607.90                          |
| (i) Itemized (use Schedule A) .....  | 12532.75                      | 45339.86                          |
| (ii) Unitemized .....  | 21852.81                      | 72947.76                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 21852.81                      | 72947.76                          |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 1.55                          | 9.85                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 21854.36                      | 72957.61                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 21854.36                      | 72957.61                          |

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

| <b>II. DISBURSEMENTS</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---|---------------------------------------|---|
| 21. Operating Expenditures:   |                                       |   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                      |                                       |   |
| (i) Federal Share.....  | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....   | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....   | 0.00                                  | 0.00                                      |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                           | 0.00                                  | 0.00                                      |
| 22. Transfers to Affiliated/Other Party Committees.....   | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 9650.00                               | 65150.00                                  |
| 24. Independent Expenditure (use Schedule E) .....  | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....  | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....   | 0.00                                  | 0.00                                      |
| 27. Loans Made.....   | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:  |                                       |   |
| (a) Individuals/Persons Other Than Political Committees .....                                   | 0.00                                  | 0.00                                      |
| (b) Political Party Committees .....  | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs) .....   | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                            | 0.00                                  | 0.00                                      |
| 29. Other Disbursements.....  | 11334.68                              | 28562.08                                  |
| 30. Federal Election Activity (2 U.S.C 431(20))   |                                       |   |
| (a) Shared Federal Election Activity (from Schedule H6)   |                                       |   |
| (i) Federal Share .....   | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....  | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                            | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....               | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..        | 20984.68                              | 93712.08                                  |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 20984.68                              | 93712.08                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 21852.81                      | 72947.76                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 21852.81                      | 72947.76                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 36                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

**A.** Full Name (Last, First, Middle Initial)  
Chris L Olson

Mailing Address P.O. Box 33361

City State Zip Code  
Juneau AK 99803-3361

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alaska Marine Highway Systems Marine Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2007

**Transaction ID: 25859737**

Amount of Each Receipt this Period  
360.00

**B.** Full Name (Last, First, Middle Initial)  
Robert J Cruise

Mailing Address 10604 Horizon Drive

City State Zip Code  
Juneau AK 99801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alaska Marine Highway Systems Marine Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2007

**Transaction ID: 25859740**

Amount of Each Receipt this Period  
240.00

**C.** Full Name (Last, First, Middle Initial)  
Michael E Krause

Mailing Address PMB # 417  
617 Willoughby Ave.

City State Zip Code  
Juneau AK 99801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alaska Marine Highway Systems Marine Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2007

**Transaction ID: 25859746**

Amount of Each Receipt this Period  
240.00

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>840.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 36                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|   |                                       |   |  |
|---|---------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Katherine Haven</b>  |                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |  |
| Mailing Address 4625 2nd Ave. NE  |                                       | <b>Transaction ID: 25859749</b>                               |  |
| City<br>Seattle   | State<br>WA                           | Amount of Each Receipt this Period<br>360.00                  |  |
| Zip Code<br>98105-0000  |                                       |   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                       |   |  |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>360.00    |   |  |

|   |                                       |   |  |
|---|---------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Gregory Rasmussen</b>  |                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |  |
| Mailing Address 27 Mile Haines Hwy  |                                       | <b>Transaction ID: 25859752</b>                               |  |
| City<br>Haines  | State<br>AK                           | Amount of Each Receipt this Period<br>360.00                  |  |
| Zip Code<br>99827-0000  |                                       |   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                       |   |  |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>360.00    |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. John W. Slaght</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |  |
| Mailing Address P O Box 2117  |                                    | <b>Transaction ID: 25859753</b>                               |  |
| City<br>Petersburg  | State<br>AK                        | Amount of Each Receipt this Period<br>240.00                  |  |
| Zip Code<br>99833   |                                    |   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>Alaska Marine Highway Systems   | Occupation<br>Marine Officer       |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00 |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 960.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 36                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Ole R Nilsen   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |  |
| Mailing Address PMB # 417<br>617 Willoughby Ave.  |  | <b>Transaction ID:</b> 25859755                               |  |
| City State Zip Code<br>Juneau AK 99801  |  | Amount of Each Receipt this Period<br>240.00                  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>Alaska Marine Highway Systems Marine Officer   |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>240.00                            |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Lynden Cothany   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |  |
| Mailing Address P.O. Box 5186   |  | <b>Transaction ID:</b> 25859756                               |  |
| City State Zip Code<br>Ketchikan AK 99901-0000  |  | Amount of Each Receipt this Period<br>360.00                  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>MEBA Vacation Trust Licensed Marine Officer  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>360.00                            |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Stephen Burns  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |  |
| Mailing Address P O Box 22812   |  | <b>Transaction ID:</b> 25859758                               |  |
| City State Zip Code<br>Juneau AK 99802-2812   |  | Amount of Each Receipt this Period<br>240.00                  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>MEBA Vacation Trust Licensed Marine Officer  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>240.00                            |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 840.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 36                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Raymond Sunga</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |  |
| Mailing Address 3705 Artic PMB 941  |  | <b>Transaction ID: 25859759</b>                               |  |
| City State Zip Code<br>Anchorage AK 99503   |  | Amount of Each Receipt this Period<br>240.00                  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>Alaska Marine Highway Sys- Marine Officer<br>tems  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>240.00                            |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Anthony Baxter</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |  |
| Mailing Address P.O. Box 240483   |  | <b>Transaction ID: 25859766</b>                               |  |
| City State Zip Code<br>Douglas AK 99824   |  | Amount of Each Receipt this Period<br>300.00                  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>Alaska Marine Highway Sys- Marine Officer<br>tems  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>300.00                            |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Wayne G Wilson</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |  |
| Mailing Address 1480 Fritz Cove Road  |  | <b>Transaction ID: 25859770</b>                               |  |
| City State Zip Code<br>Juneau AK 99801  |  | Amount of Each Receipt this Period<br>240.00                  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>Alaska Marine highway Sys- Marine Officer<br>tems  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>240.00                            |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 780.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 10 / 36                 |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|   |                                       |   |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Steven McCallister</b>   |                                       | Date of Receipt<br>MM / DD / YYYY<br>04 / 20 / 2007 |
| Mailing Address HCO4 Box 7484   |                                       | <b>Transaction ID: 25859771</b>                     |
| City Palmer   | State AK                              | Zip Code 99645                                      |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                       | Amount of Each Receipt this Period<br>240.00        |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00    |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Chris L Olson</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 20 / 2007 |
| Mailing Address P.O. Box 33361  |                                    | <b>Transaction ID: 25859813</b>                     |
| City Juneau   | State AK                           | Zip Code 99803-3361                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>30.00         |
| Name of Employer<br>Alaska Marine Highway Sys-tems  | Occupation<br>Marine Officer       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>390.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Robert J Cruise</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 20 / 2007 |
| Mailing Address 10604 Horizon Drive   |                                    | <b>Transaction ID: 25859816</b>                     |
| City Juneau   | State AK                           | Zip Code 99801                                      |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>20.00         |
| Name of Employer<br>Alaska Marine Highway Sys-tems  | Occupation<br>Marine Officer       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>290.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 11 / 36                 |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Michael E Krause</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |   |
| Mailing Address PMB # 417<br>617 Willoughby Ave.  |                                    | <b>Transaction ID: 25859824</b>                               |   |
| City<br>Juneau  | State<br>AK                        | Zip Code<br>99801   | Amount of Each Receipt this Period<br>20.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |   |
| Name of Employer<br>Alaska Marine Highway Systems   | Occupation<br>Marine Officer       |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00 |   |   |

|   |                                       |   |   |
|---|---------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Katherine Haven</b>  |                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |   |
| Mailing Address 4625 2nd Ave. NE  |                                       | <b>Transaction ID: 25859826</b>                               |   |
| City<br>Seattle   | State<br>WA                           | Zip Code<br>98105-0000  | Amount of Each Receipt this Period<br>30.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                       |   |   |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>390.00    |   |   |

|   |                                       |   |   |
|---|---------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Gregory Rasmussen</b>  |                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |   |
| Mailing Address 27 Mile Haines Hwy  |                                       | <b>Transaction ID: 25859828</b>                               |   |
| City<br>Haines  | State<br>AK                           | Zip Code<br>99827-0000  | Amount of Each Receipt this Period<br>30.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                       |   |   |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>390.00    |   |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 80.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 / 36                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> John W. Slaght   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |   |
| Mailing Address P O Box 2117  |                                    | <b>Transaction ID:</b> 25859829                                 |   |
| City<br>Petersburg  | State<br>AK                        | Zip Code<br>99833   | Amount of Each Receipt this Period<br>20.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |   |
| Name of Employer<br>Alaska Marine Highway Systems   | Occupation<br>Marine Officer       |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00 |   |   |

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Ole R Nilsen   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |   |
| Mailing Address PMB # 417<br>617 Willoughby Ave.  |                                    | <b>Transaction ID:</b> 25859830                                 |   |
| City<br>Juneau  | State<br>AK                        | Zip Code<br>99801   | Amount of Each Receipt this Period<br>20.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |   |
| Name of Employer<br>Alaska Marine Highway Systems   | Occupation<br>Marine Officer       |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00 |   |   |

|   |                                       |   |   |
|---|---------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Lynden Cothany   |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |   |
| Mailing Address P.O. Box 5186   |                                       | <b>Transaction ID:</b> 25859836                                 |   |
| City<br>Ketchikan   | State<br>AK                           | Zip Code<br>99901-0000  | Amount of Each Receipt this Period<br>30.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                       |   |   |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>390.00    |   |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 70.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |       |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 / 36                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Stephen Burns</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |  |
| Mailing Address P O Box 22812   |  | <b>Transaction ID: 25859838</b>                                 |  |
| City State Zip Code<br>Juneau AK 99802-2812   |  | Amount of Each Receipt this Period<br>20.00                     |  |
| FEC ID number of contributing federal political committee.<br>C   |  |   |  |
| Name of Employer Occupation<br>MEBA Vacation Trust Licensed Marine Officer  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>260.00                              |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Raymond Sunga</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |  |
| Mailing Address 3705 Artic PMB 941  |  | <b>Transaction ID: 25859839</b>                                 |  |
| City State Zip Code<br>Anchorage AK 99503   |  | Amount of Each Receipt this Period<br>20.00                     |  |
| FEC ID number of contributing federal political committee.<br>C   |  |   |  |
| Name of Employer Occupation<br>Alaska Marine Highway Systems Marine Officer   |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>260.00                              |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Anthony Baxter</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |  |
| Mailing Address P.O. Box 240483   |  | <b>Transaction ID: 25859840</b>                                 |  |
| City State Zip Code<br>Douglas AK 99824   |  | Amount of Each Receipt this Period<br>25.00                     |  |
| FEC ID number of contributing federal political committee.<br>C   |  |   |  |
| Name of Employer Occupation<br>Alaska Marine Highway Systems Marine Officer   |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>325.00                              |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 65.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |       |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 / 36                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

**A.** Full Name (Last, First, Middle Initial)  
Wayne G Wilson

Mailing Address 1480 Fritz Cove Road

City Juneau State AK Zip Code 99801

FEC ID number of contributing federal political committee. **C**

Name of Employer Alaska Marine highway Systems Occupation Marine Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2007

**Transaction ID: 25859846**

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Steven McCallister

Mailing Address HCO4 Box 7484

City Palmer State AK Zip Code 99645

FEC ID number of contributing federal political committee. **C**

Name of Employer MEBA Vacation Trust Occupation Licensed Marine Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2007

**Transaction ID: 25859847**

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Chris L Olson

Mailing Address P.O. Box 33361

City Juneau State AK Zip Code 99803-3361

FEC ID number of contributing federal political committee. **C**

Name of Employer Alaska Marine Highway Systems Occupation Marine Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2007

**Transaction ID: 25859854**

Amount of Each Receipt this Period  
30.00

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 70.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 / 36                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

**A.** Full Name (Last, First, Middle Initial)  
Robert J Cruise

Mailing Address 10604 Horizon Drive

City State Zip Code  
Juneau AK 99801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alaska Marine Highway Systems Marine Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

**Transaction ID: 25859857**

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Michael E Krause

Mailing Address PMB # 417  
617 Willoughby Ave.

City State Zip Code  
Juneau AK 99801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alaska Marine Highway Systems Marine Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

**Transaction ID: 25859864**

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Katherine Haven

Mailing Address 4625 2nd Ave. NE

City State Zip Code  
Seattle WA 98105-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MEBA Vacation Trust Licensed Marine Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

**Transaction ID: 25859866**

Amount of Each Receipt this Period  
30.00

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 70.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 16 / 36                 |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|   |                                       |   |   |
|---|---------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Gregory Rasmussen</b>  |                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |   |
| Mailing Address 27 Mile Haines Hwy  |                                       | <b>Transaction ID: 25859868</b>                               |   |
| City<br>Haines  | State<br>AK                           | Zip Code<br>99827-0000  | Amount of Each Receipt this Period<br>30.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                       |   |   |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00    |   |   |

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. John W. Slaght</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |   |
| Mailing Address P O Box 2117  |                                    | <b>Transaction ID: 25859869</b>                               |   |
| City<br>Petersburg  | State<br>AK                        | Zip Code<br>99833   | Amount of Each Receipt this Period<br>20.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |   |
| Name of Employer<br>Alaska Marine Highway Sys-tems  | Occupation<br>Marine Officer       |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>280.00 |   |   |

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Ole R Nilsen</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |   |
| Mailing Address PMB # 417<br>617 Willoughby Ave.  |                                    | <b>Transaction ID: 25859870</b>                               |   |
| City<br>Juneau  | State<br>AK                        | Zip Code<br>99801   | Amount of Each Receipt this Period<br>20.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |   |
| Name of Employer<br>Alaska Marine Highway Sys-tems  | Occupation<br>Marine Officer       |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>280.00 |   |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 70.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |       |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 36                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Lynden Cothany</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |  |
| Mailing Address P.O. Box 5186   |  | <b>Transaction ID: 25859872</b>                                 |  |
| City State Zip Code<br>Ketchikan AK 99901-0000  |  | Amount of Each Receipt this Period<br>30.00                     |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>MEBA Vacation Trust Licensed Marine Officer  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>420.00                              |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Stephen Burns</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |  |
| Mailing Address P O Box 22812   |  | <b>Transaction ID: 25859874</b>                                 |  |
| City State Zip Code<br>Juneau AK 99802-2812   |  | Amount of Each Receipt this Period<br>20.00                     |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>MEBA Vacation Trust Licensed Marine Officer  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>280.00                              |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Raymond Sunga</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |  |
| Mailing Address 3705 Artic PMB 941  |  | <b>Transaction ID: 25859875</b>                                 |  |
| City State Zip Code<br>Anchorage AK 99503   |  | Amount of Each Receipt this Period<br>20.00                     |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>Alaska Marine Highway Systems Marine Officer   |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>280.00                              |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 70.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |       |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 / 36                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

**A.** Full Name (Last, First, Middle Initial)  
Anthony Baxter

Mailing Address P.O. Box 240483

City State Zip Code  
Douglas AK 99824

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alaska Marine Highway Systems Marine Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

**Transaction ID: 25859876**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Wayne G Wilson

Mailing Address 1480 Fritz Cove Road

City State Zip Code  
Juneau AK 99801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alaska Marine highway Systems Marine Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

**Transaction ID: 25859890**

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Steven McCallister

Mailing Address HCO4 Box 7484

City State Zip Code  
Palmer AK 99645

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MEBA Vacation Trust Licensed Marine Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

**Transaction ID: 25859891**

Amount of Each Receipt this Period  
20.00

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 65.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 / 36                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Alan Valley</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 4 / 0 5 / 2 0 0 7 |
| Mailing Address 144 Brunswick Avenue  |   | <b>Transaction ID: 25869089</b>                                 |
| City State Zip Code<br>Gardiner ME 04345-2503   | FEC ID number of contributing federal political committee.<br>C | Amount of Each Receipt this Period<br>250.00                    |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer                           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                              |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Raymond Rokicki</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 4 / 0 5 / 2 0 0 7 |
| Mailing Address 734 Kennedy Blvd  |   | <b>Transaction ID: 25869094</b>                                 |
| City State Zip Code<br>Bayonne NJ 07002-1838  | FEC ID number of contributing federal political committee.<br>C | Amount of Each Receipt this Period<br>345.00                    |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer                           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>345.00                              |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Timothy W. Morton</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 4 / 0 5 / 2 0 0 7 |
| Mailing Address 24 Moore Street   |   | <b>Transaction ID: 25869108</b>                                 |
| City State Zip Code<br>Fall River MA 02720-0000   | FEC ID number of contributing federal political committee.<br>C | Amount of Each Receipt this Period<br>220.00                    |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer                           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>220.00                              |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 815.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 20 / 36                 |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Wallace L. Barton  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 4 / 0 5 / 2 0 0 7 |
| Mailing Address 24 Faunce Mountain Road   |  | <b>Transaction ID:</b> 25869117                                 |
| City State Zip Code<br>Sandwich MA 02563-0000   | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>210.00                    |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer                                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00                                     |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Robert Hogdon  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 4 / 0 5 / 2 0 0 7 |
| Mailing Address 8 Knollwood Lane  |  | <b>Transaction ID:</b> 25869246                                 |
| City State Zip Code<br>Wayland MA 01778-4431  | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>40.00                     |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer                                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>960.00                                     |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Carlo Giabbi   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 4 / 0 5 / 2 0 0 7 |
| Mailing Address 14 Pleasant Street  |  | <b>Transaction ID:</b> 25869258                                 |
| City State Zip Code<br>Portland ME 04101-0000   | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>425.00                    |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer                                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>425.00                                     |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 675.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 / 36                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> John T. Hall   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 4 / 0 5 / 2 0 0 7 |
| Mailing Address 1086 Golf Course Raod   |   | <b>Transaction ID:</b> 25869269                                 |
| City State Zip Code<br>Alpena MI 49707-0000   | Amount of Each Receipt this Period<br>50.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>275.00          |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Mark J. Kenny  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 4 / 0 5 / 2 0 0 7 |
| Mailing Address 16 Wethersfield Drive   |   | <b>Transaction ID:</b> 25869270                                 |
| City State Zip Code<br>Andover MA 01810-0000  | Amount of Each Receipt this Period<br>10.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>220.00          |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Barry Sturgis  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 4 / 0 5 / 2 0 0 7 |
| Mailing Address 3740 W Loyola Drive   |  | <b>Transaction ID:</b> 25869280                                 |
| City State Zip Code<br>Kenner LA 70065-2408   | Amount of Each Receipt this Period<br>322.62 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>322.62           |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 382.62 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 / 36                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

**A.** Full Name (Last, First, Middle Initial)  
Frank Berner

Mailing Address 1431 Littleport Lane

City State Zip Code  
Channelview TX 77530-2261

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MEBA Vacation Trust Licensed Marine Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 212.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 7

**Transaction ID: 25869306**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Paul G. Galvin

Mailing Address 4925 Overlook Drive

City State Zip Code  
Oceanside CA 92057-8002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MEBA Vacation Trust Licensed Marine Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 7

**Transaction ID: 25869338**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
James L. Myers

Mailing Address 104 Sunnymeadow Lane

City State Zip Code  
Reisterstown MD 21136

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MEBA Vacation Trust Licensed Marine Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 7

**Transaction ID: 25869356**

Amount of Each Receipt this Period  
180.00

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>680.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 / 36                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. James Fisher</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 5 / 2 0 0 7 |
| Mailing Address 137 Wrentham Street   |  | <b>Transaction ID: 25869362</b>                               |
| City State Zip Code<br>Dorchester MA 02124-0000   | Amount of Each Receipt this Period<br>150.00 |   |
| FEC ID number of contributing federal political committee.<br>C   |  |   |
| Name of Employer Occupation<br>MEBA Vacation Trust Licensed Marine Officer  |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>275.00           |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Dallas K. Crow</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 5 / 2 0 0 7 |
| Mailing Address 7122-67th Street NE   |  | <b>Transaction ID: 25869363</b>                               |
| City State Zip Code<br>Marysville WA 98270-7730   | Amount of Each Receipt this Period<br>180.00 |   |
| FEC ID number of contributing federal political committee.<br>C   |  |   |
| Name of Employer Occupation<br>MEBA Vacation Trust Licensed Marine Officer  |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>320.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Dallas K. Crow</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 5 / 2 0 0 7 |
| Mailing Address 7122-67th Street NE   |   | <b>Transaction ID: 25869364</b>                               |
| City State Zip Code<br>Marysville WA 98270-7730   | Amount of Each Receipt this Period<br>20.00 |   |
| FEC ID number of contributing federal political committee.<br>C   |   |   |
| Name of Employer Occupation<br>MEBA Vacation Trust Licensed Marine Officer  |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>340.00          |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 350.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 / 36                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Charles L. Norval</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 5 / 2 0 0 7 |  |
| Mailing Address Officer   |                                    | <b>Transaction ID: 25869390</b>                               |  |
| City<br>Dunedin   | State<br>FL                        | Amount of Each Receipt this Period<br>240.00                  |  |
| Zip Code<br>34698-8348  |                                    |   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine      |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00 |   |  |

|   |                                       |   |  |
|---|---------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Paul Hebert</b>  |                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 5 / 2 0 0 7 |  |
| Mailing Address P.O. Box 1245   |                                       | <b>Transaction ID: 25869394</b>                               |  |
| City<br>San Antonio   | State<br>FL                           | Amount of Each Receipt this Period<br>100.00                  |  |
| Zip Code<br>33576   |                                       |   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                       |   |  |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00    |   |  |

|   |                                       |   |  |
|---|---------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Anthony Garza</b>  |                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 5 / 2 0 0 7 |  |
| Mailing Address PO Box 13771<br>APT 105   |                                       | <b>Transaction ID: 25869396</b>                               |  |
| City<br>Palm Harbor   | State<br>FL                           | Amount of Each Receipt this Period<br>50.00                   |  |
| Zip Code<br>34685-0000  |                                       |   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                       |   |  |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00    |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 390.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |  |              |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 25 / 36 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Anthony Garza</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 3 / 2 0 0 7 |  |
| Mailing Address PO Box 13771<br>APT 105   |   | <b>Transaction ID: 25873770</b>                               |  |
| City State Zip Code<br>Palm Harbor FL 34685-0000  | Amount of Each Receipt this Period<br>50.00 |   |  |
| FEC ID number of contributing federal political committee.<br>C   |   |   |  |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer       |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00          |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Phillip Strissel</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 7 |  |
| Mailing Address PO Box 4040   |  | <b>Transaction ID: 25927813</b>                               |  |
| City State Zip Code<br>Annapolis MD 21403-0000  | Amount of Each Receipt this Period<br>250.00 |   |  |
| FEC ID number of contributing federal political committee.<br>C   |  |   |  |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer        |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.00           |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. James Nightingale</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 7 |  |
| Mailing Address 541 Powerville Rd   |   | <b>Transaction ID: 25927981</b>                               |  |
| City State Zip Code<br>Boonton Township NJ 07005  | Amount of Each Receipt this Period<br>22.00 |   |  |
| FEC ID number of contributing federal political committee.<br>C   |   |   |  |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer       |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>352.00          |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 322.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |  |              |
|--|--|--------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 26 / 36 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Stephen E. Smith   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 1 7 / 2 0 0 7 |  |
| Mailing Address 380 Lafayette Rd., #11-262  |  | <b>Transaction ID:</b> 25927990                               |  |
| City State Zip Code<br>Seabrook NH 03874  | Amount of Each Receipt this Period<br>100.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer        |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>273.83           |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Jay Pillard  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 1 7 / 2 0 0 7 |  |
| Mailing Address North River Plaza<br>125 Church Street  |  | <b>Transaction ID:</b> 25927991                               |  |
| City State Zip Code<br>Pembroke MA 02359-1929   | Amount of Each Receipt this Period<br>150.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer        |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>275.00           |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> John Riddle  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 1 7 / 2 0 0 7 |  |
| Mailing Address 47 Sandy Hill Raod  |  | <b>Transaction ID:</b> 25927994                               |  |
| City State Zip Code<br>Westfield NJ 07090-2826  | Amount of Each Receipt this Period<br>500.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer        |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00           |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 / 36                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

**A.** Full Name (Last, First, Middle Initial)  
James Nightingale

Mailing Address 541 Powerville Rd

City Boonton Township State NJ Zip Code 07005

FEC ID number of contributing federal political committee. **C**

Name of Employer MEBA Vacation Trust Occupation Licensed Marine Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 308.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 7

**Transaction ID: 25927999**

Amount of Each Receipt this Period  
22.00

**B.** Full Name (Last, First, Middle Initial)  
Gregory Smith

Mailing Address 15642 Pt. Monroe Rd. NE

City Bainbridge Island State WA Zip Code 98110-1116

FEC ID number of contributing federal political committee. **C**

Name of Employer MEBA Vacation Trust Occupation Licensed Marine Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 7

**Transaction ID: 25928001**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
James Nightingale

Mailing Address 541 Powerville Rd

City Boonton Township State NJ Zip Code 07005

FEC ID number of contributing federal political committee. **C**

Name of Employer MEBA Vacation Trust Occupation Licensed Marine Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 0 7

**Transaction ID: 25928004**

Amount of Each Receipt this Period  
22.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 294.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 / 36                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

**A.** Full Name (Last, First, Middle Initial)  
Chris L Olson

Mailing Address P.O. Box 33361

City State Zip Code  
Juneau AK 99803-3361

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alaska Marine Highway Systems Marine Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 7

**Transaction ID: 25928036**

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
Michael E Krause

Mailing Address PMB # 417  
617 Willoughby Ave.

City State Zip Code  
Juneau AK 99801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alaska Marine Highway Systems Marine Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 7

**Transaction ID: 25928043**

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Katherine Haven

Mailing Address 4625 2nd Ave. NE

City State Zip Code  
Seattle WA 98105-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MEBA Vacation Trust Licensed Marine Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 7

**Transaction ID: 25928044**

Amount of Each Receipt this Period  
30.00

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 80.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |                              |                             |                             |                             |                             |                             |
|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:                        | PAGE 29 / 36                 |                              |                             |                             |                             |                             |                             |
|  | (check only one)                        |                              |                              |                             |                             |                             |                             |                             |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Gregory Rasmussen</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 5 / 2 0 0 7 |  |
| Mailing Address 27 Mile Haines Hwy  |   | <b>Transaction ID: 25928046</b>                               |  |
| City State Zip Code<br>Haines AK 99827-0000   | Amount of Each Receipt this Period<br>30.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |  |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer       |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.00          |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. John W. Slaght</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 5 / 2 0 0 7 |  |
| Mailing Address P O Box 2117  |   | <b>Transaction ID: 25928047</b>                               |  |
| City State Zip Code<br>Petersburg AK 99833  | Amount of Each Receipt this Period<br>20.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |  |
| Name of Employer<br>Alaska Marine Highway Systems   | Occupation<br>Marine Officer                |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00          |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Ole R Nilsen</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 5 / 2 0 0 7 |  |
| Mailing Address PMB # 417<br>617 Willoughby Ave.  |   | <b>Transaction ID: 25928048</b>                               |  |
| City State Zip Code<br>Juneau AK 99801  | Amount of Each Receipt this Period<br>20.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |  |
| Name of Employer<br>Alaska Marine Highway Systems   | Occupation<br>Marine Officer                |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00          |   |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 70.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 30 / 36                 |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Lynden Cothany</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 5 / 2 0 0 7 |  |
| Mailing Address P.O. Box 5186   |  | <b>Transaction ID: 25928049</b>                               |  |
| City State Zip Code<br>Ketchikan AK 99901-0000  |  | Amount of Each Receipt this Period<br>30.00                   |  |
| FEC ID number of contributing federal political committee.<br>C   |  |   |  |
| Name of Employer Occupation<br>MEBA Vacation Trust Licensed Marine Officer  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>450.00                            |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Stephen Burns</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 5 / 2 0 0 7 |  |
| Mailing Address P O Box 22812   |  | <b>Transaction ID: 25928051</b>                               |  |
| City State Zip Code<br>Juneau AK 99802-2812   |  | Amount of Each Receipt this Period<br>20.00                   |  |
| FEC ID number of contributing federal political committee.<br>C   |  |   |  |
| Name of Employer Occupation<br>MEBA Vacation Trust Licensed Marine Officer  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>300.00                            |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Raymond Sunga</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 5 / 2 0 0 7 |  |
| Mailing Address 3705 Artic PMB 941  |  | <b>Transaction ID: 25928052</b>                               |  |
| City State Zip Code<br>Anchorage AK 99503   |  | Amount of Each Receipt this Period<br>20.00                   |  |
| FEC ID number of contributing federal political committee.<br>C   |  |   |  |
| Name of Employer Occupation<br>Alaska Marine Highway Systems Marine Officer   |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>300.00                            |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 70.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |       |

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

|  |  |              |
|--|--|--------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 31 / 36 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Anthony Baxter</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 5 / 2 0 0 7 |  |
| Mailing Address P.O. Box 240483   |   | <b>Transaction ID: 25928053</b>                               |  |
| City State Zip Code<br>Douglas AK 99824   | Amount of Each Receipt this Period<br>25.00 |   |  |
| FEC ID number of contributing federal political committee.<br>C   |   |   |  |
| Name of Employer<br>Alaska Marine Highway Systems   | Occupation<br>Marine Officer                |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>375.00          |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Wayne G Wilson</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 5 / 2 0 0 7 |  |
| Mailing Address 1480 Fritz Cove Road  |   | <b>Transaction ID: 25928058</b>                               |  |
| City State Zip Code<br>Juneau AK 99801  | Amount of Each Receipt this Period<br>20.00 |   |  |
| FEC ID number of contributing federal political committee.<br>C   |   |   |  |
| Name of Employer<br>Alaska Marine highway Systems   | Occupation<br>Marine Officer                |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00          |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Steven McCallister</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 5 / 2 0 0 7 |  |
| Mailing Address HCO4 Box 7484   |   | <b>Transaction ID: 25928059</b>                               |  |
| City State Zip Code<br>Palmer AK 99645  | Amount of Each Receipt this Period<br>20.00 |   |  |
| FEC ID number of contributing federal political committee.<br>C   |   |   |  |
| Name of Employer<br>MEBA Vacation Trust   | Occupation<br>Licensed Marine Officer       |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00          |   |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 65.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |       |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 32 / 36                 |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13  | <input type="checkbox"/> 14  |
| <input type="checkbox"/> 15  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

**A.** Full Name (Last, First, Middle Initial)  
HERBERT A SCHMELTZ

Mailing Address 107 Puako Beach Drive

City State Zip Code  
Kamuela HI 96743

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Licensed Marine Officer ( Retired )

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
209.84

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2007

**Transaction ID:** 25928192

Amount of Each Receipt this Period  
52.46

**B.** Full Name (Last, First, Middle Initial)  
JOSEPH C SMITH

Mailing Address 813 Showalter Road

City State Zip Code  
Grafton VA 23692-3363

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Licensed Marine Officer ( Retired )

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.92

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2007

**Transaction ID:** 25928202

Amount of Each Receipt this Period  
53.98

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>106.44</b>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>9320.06</b> |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Washington Labor Council Presidents Club</b>  |  | <b>Transaction ID: 25682413</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 3 / 2 0 0 7 |
| Mailing Address 314 First Avenue W   |  | Amount of Each Disbursement this Period<br>150.00   |
| City Seattle State WA Zip Code 98119   | 011<br>Category/<br>Type   |   |
| Purpose of Disbursement  |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Alaskans For Don Young Inc.</b>   |  | <b>Transaction ID: 25682437</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 4 / 2 0 0 7 |
| Mailing Address 2504 Fairbanks Street  |  | Amount of Each Disbursement this Period<br>1000.00  |
| City Anchorage State AK Zip Code 99503   | 011<br>Category/<br>Type   |   |
| Purpose of Disbursement  |  |   |
| Candidate Name Rep. Donald E. Young  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AK District: 1 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼<br>2008 Primary |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. NEW REPUBLICAN MAJORITY FUND</b>  |  | <b>Transaction ID: 25682478</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 4 / 2 0 0 7 |
| Mailing Address 201 NORTH UNION STREET SUITE 530   |  | Amount of Each Disbursement this Period<br>-5000.00   |
| City ALEXANDRIA State VA Zip Code 22314  | 011<br>Category/<br>Type   |   |
| Purpose of Disbursement<br>Void - NEW REPUBLICAN MAJORITY FUND   |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Void - NEW REPUBLICAN MAJORITY FUND   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | -3850.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |          |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|   |  |  |
|---|--|--|
| <p><b>A. Latourette For Congress Committee</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Latourette For Congress Committee</p> <p>Mailing Address 320 Kenarden Dr.</p> <p>City Highland Hts. State OH Zip Code 44143</p> <p>Purpose of Disbursement</p> <p>Candidate Name<br/>Rep. Steven C. LaTourette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OH District: 14</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify) ▼<br/>2008 Primary</p> |  | <p><b>Transaction ID: 25797608</b></p> <p>Date of Disbursement<br/>04 / 17 / 2007</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> <p>011<br/>Category/<br/>Type</p> |
|---|--|--|

|   |  |  |
|---|--|--|
| <p><b>B. Frank Lautenberg For Senate</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Frank Lautenberg For Senate</p> <p>Mailing Address Gateway One 23rd Floor</p> <p>City Newark State NJ Zip Code 07102</p> <p>Purpose of Disbursement</p> <p>Candidate Name<br/>Frank R. Lautenberg</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NJ District: 1</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify) ▼<br/>2008 Primary</p> |  | <p><b>Transaction ID: 25797625</b></p> <p>Date of Disbursement<br/>04 / 17 / 2007</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> <p>011<br/>Category/<br/>Type</p> |
|---|--|--|

|  |  |   |
|--|--|---|
| <p><b>C. New Vission America</b></p> <p>Full Name (Last, First, Middle Initial)<br/>New Vission America</p> <p>Mailing Address 50 W San Fernando STE 350</p> <p>City San Jose State CA Zip Code 95113</p> <p>Purpose of Disbursement<br/>Void - New Vission America</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |  | <p><b>Transaction ID: 25797639</b></p> <p>Date of Disbursement<br/>04 / 17 / 2007</p> <p>Amount of Each Disbursement this Period<br/>-1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Void - New Vission America</p> |
|--|--|---|

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>4000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. DAN10</b>   |  | Transaction ID: 25797581<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 7 / 2 0 0 7 |
| Mailing Address 107 South West Street #722   |  | Amount of Each Disbursement this Period<br>2500.00   |
| City Alexandria State VA Zip Code 22314  | 011<br>Category/<br>Type   |  |
| Purpose of Disbursement  |  |  |
| Candidate Name Daniel Inouye   |  |  |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: HI District: | Disbursement For: 2010<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>2010 Primary |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ike Skelton For Congress Committee</b>  |  | Transaction ID: 25865097<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 3 / 2 0 0 7 |
| Mailing Address P.O. Box A   |  | Amount of Each Disbursement this Period<br>5000.00   |
| City Harrisonville State MO Zip Code 64701   | 011<br>Category/<br>Type   |  |
| Purpose of Disbursement  |  |  |
| Candidate Name Rep. Ike Skelton  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MO District: 4 | Disbursement For: 2008<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>2008 Primary |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MARK PRYOR FOR US SENATE</b>  |  | Transaction ID: 25865094<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 3 / 2 0 0 7 |
| Mailing Address 519 EAST CAPITOL AVE   |  | Amount of Each Disbursement this Period<br>2000.00   |
| City LITTLE ROCK State AR Zip Code 72202   | 011<br>Category/<br>Type   |  |
| Purpose of Disbursement  |  |  |
| Candidate Name MARK PRYOR  |  |  |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AR District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>2008 Primary |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 9500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 9650.00 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
District No. 1-PCD, MEBA Political Fund (MEBA-PAF)

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Washington State Jobs with Justice</b>  |  | <b>Transaction ID: 25682438</b><br>Date of Disbursement<br>MM / DD / YYYY<br>04 / 04 / 2007 |
| Mailing Address P.O. Box 9662  |  | Amount of Each Disbursement this Period<br>350.00   |
| City Seattle State WA Zip Code 98109   | 011<br>Category/<br>Type   |   |
| Purpose of Disbursement  |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. MSHC Partners, INC.</b>   |  | <b>Transaction ID: 25682447</b><br>Date of Disbursement<br>MM / DD / YYYY<br>04 / 04 / 2007 |
| Mailing Address 1155 15th Street, NW Suite 300   |  | Amount of Each Disbursement this Period<br>10031.08   |
| City Washington State DC Zip Code 20005  | 003<br>Category/<br>Type   |   |
| Purpose of Disbursement  |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Coalition for Social Justice &amp;</b>  |  | <b>Transaction ID: 25762862</b><br>Date of Disbursement<br>MM / DD / YYYY<br>04 / 11 / 2007 |
| Mailing Address Coalition Against Poverty 56 North Main Street, Suite 403  |  | Amount of Each Disbursement this Period<br>800.00   |
| City Fall River State MA Zip Code 02720  | 011<br>Category/<br>Type   |   |
| Purpose of Disbursement  |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>11181.08</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | <b>11181.08</b> |